DOCUMENT RESUME

ED 061 087 SE 013 528

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|---|---|
| TITLE | Situation Report--Burma, Chile, German Democratic Republic, Indonesia, Jamaica, Poland, Singapore, St. Christopher/Nevis, Trinidad & Tobago, Venezuela. |
| INSTITUTION | International Planned Parenthood Federation, London (England). |
| PUB DATE | Feb 72 |
| NOTE | 65p. |
| EDRS PRICE | MF-$0.65 HC-$3.29 |
| DESCRIPTORS | Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data |

ABSTRACT

Data relating to population and family planning in ten foreign countries are presented in these situation reports. Countries included are Burma, Chile, German Democratic Republic, Indonesia, Jamaica, Poland, Singapore, St. Christopher/Nevis, Trinidad and Tobago, and Venezuela. Information is provided, where appropriate and available, under two topics, general background and family planning situation. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, sex education, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. (BL)

# Situation Report

Distribution *

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Country BURMA

Date FEBRUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839—2911/6

ED 061087

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 678,033 sq.km.[1] |
| Total population | 18,766,000 | 22,355,000 | 27,584,000(1970)[2] |
| Population growth rate | | 2.1%+ | 2.2%+(1963-1970)[2] |
| Birth rate | 43+ | 50+ | 40.3+ per 1000(1970)[2] |
| Death rate | | 35+ | 17.4+ per 1000(1970)[2] |
| Infant mortality rate | 195-300 | 130 (1964) | 195-300x (1970)[2] |
| Women in fertile age group (15-44) | | | 654,912(1954)[2] |
| Population under 15 | | | 40%[3] |
| Urban population | | | 18.5% (1970)[4] |
| GNP per capita | | US$53 | US$70 (1968)[6] |
| GNP per capita growth rate | | | 1.8% (1961-69 average)[5] |
| Population per doctor | 7,800 (1956) | 9,400 (1963) | 9,580(1966)[1] |
| Population per hospital bed | | | 1,190(1967)[1] |

1. UN Statistical Year Book 1970
2. UN Demographic Year Book 1970
3. Population Reference Bureau Data Sheet 1971
4. UN Statistical Monthly Bulletin - November 1971
5. World Bank Atlas 1971
6. World Bank Atlas 1970

\+ Estimates prepared by UN Population Division for 1965-70.

x For 1952: Estimate basis unknown.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

SE 013 528

## GENERAL BACKGROUND

Burma elected to become an Independent State in 1948, after being under British rule. Since 1962 the Revolutionary Government under General Ne Win has been strictly neutral. There have been intensive efforts to nationalise the economy and to reach peace with underground organizations which represent separate ethnic groups.

The capital is Rangoon with a current population of 1,854,897. Before independence, the capital was Mandalay. Population density is 41 people per square kilometre.

### Ethnic Groups

65% of the Burmese belong to the Sino-Tibetan family, and 7-8% consist of Shans who are ethnically aligned to the Thai and Laotian.

There is also a Chinese community of some 350,000 and a number of upland tribes.

### Language

The official language is Burmese and there are several tribal languages. English is a compulsory second language at schools.

### Religion

Freedom of religious worship is the right of every citizen. 75% of the population are Buddhists. There are Christian, Muslim and Hindu minorities.

### Economy

Burma is relatively rich in agricultural, fishery, timber, mineral and water resources. Agriculture, fisheries and forestry produce 40% of GNP and employ 67% of the labour force. Rice, timber and other agricultural products are the main export items. Until 1964, Burma was the world's leading exporter of rice, and although these still constitute 60% of Burma's exports, the decline in the rice trade has had serious repercussions throughout the economy. The mining of tin, petroleum and coal is important. The 8,918 industrial establishments recorded in 1967 mainly process primary products, particularly the milling of rice. Industry, transport, internal and external trade, communications and finance have been nationalized since the 1962 revolution. Burma receives little foreign aid and investment.

### Communications/Education

Education is free, where available. The educational system was radically revised in 1966, and all private schools have been taken over by the State. Schools are divided into primary, middle and high schools. Emphasis is placed on vocational and technical training. There are two universities and 37 institutes of further education.

The Burma Broadcasting Service broadcasts in Burmese, Shan, Karen, Mon, Chin, Hindustani and English. There were an estimated 399,000 radio receivers in 1969. There is no television service in Burma. In 1966 there were 27 daily newspapers with a circulation of 231,000 i.e. 9 per 1000 population.

## Medical

Expectation of life for those born in 1954 was: 40.8 years for males
43.8 years for females.

In 1969 there were 314 hospitals with between 200 and 1,200 beds each. Also providing services in 1966, were 2,635 physicians, 25 dentists, 12 pharmacists, 2,174 nurses and 3,685 midwives.

## Family Planning Situation

At the moment it is extremely difficult to assess the family planning situation in Burma due to lack of communication with government officials. It is believed that the government is generally reluctant to accept the philosophy of family planning. However, in some official and medical circles there seems to be a favourable attitude towards family planning as a measure for improving the health of mothers and children and the development of a healthy population.

There is a very large number of induced abortions. In 1965, 53,213 hospital deliveries and nearly 5,000 abortion were recorded. From January to March 1969, there were as many as 2,044 recorded abortions.

## History

A Family Planning Association was formed in 1960 by doctors at the Dufferin Hcspital in Rangoon. At that time, sterilization was extremely popular and widespread. Due to General Ne Win's Government's strong opposition to family planning, the Association's activity has virtually ceased since 1963.

## FAMILY PLANNING ASSOCIATION

Address: (as at December 1966)

Family Planning Association,
Dufferin Hospital,
Rangoon.

Personnel: In late 1966 the following people were in office:

| | | |
|---|---|---|
| Dr. U. Maung Gale | - | President |
| Dr. U. Ba Thein | - | Vice-President |
| Dr. Koko | - | Secretary |

## Services

The National Women's Council run two Health Clinics. They formerly included family planning clinics but stopped some time ago.

Ortho ointment sold as an antiseptic ointment is used as a contraceptive ointment. Pills and condoms are available but expensive.

## Training

16 doctors have been trained in IUD techniques at Singapore. In September 1969, 6 young Burmese surgeons taking their primary examination for FRCSA in Singapore were invited to IPPF Regional Office and given an introduction to family planning.

# Situation Report

Distribution *

Country CHILE

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 756,945 sq.kms.[1] |
| Total population | 5,932,995 (1952)[1] | 7,374,000[2] | 8,834,820(1970)[1] |
| Population growth rate | 2.6%(1953-56)[1] | 2.5%[2] | 2.4%(1963-70)[1] |
| Birth rate | 34.0[1] | 36.2(1961)[3] | 26.7 per 1,000 (1970)[3] |
| Death rate | 15.0[1] | 11.6(1961)[3] | 8.6 per 1,000 (1970)[3] |
| Infant mortality rate | 139.4[1] | 128.0[2] | 91.6 per 1,000 (1968)[1] |
| Women in fertile age group(15-49) | | | 2,343,000(1970)[4] |
| Population under 15 years | | 40%[2] | 39% (1970)[2] |
| Urban population | | 64.4%[5] | 72.9%(1970)[5] |
| GNP per capita | | | US$510(1969)[6] |
| GNP per capita growth rate | | | 1.7%(1960-69)[6] |
| Population per doctor | | 2,000[2] | 2,300(1967)[7] |
| Population per hospital bed | | 200[2] | 250(1967)[7] |

1. United Nations Demographic Yearbook
2. Datos Básicos de Población en América Latina, 1970: Departamento de Asuntos Sociales, Unión Panamericana, Secretaría General de la OEA, Washington, D.C.
3. Figures prepared by the Statistics Department of the National Health Service of Chile.
4. Estimate from basic data of CELADE, Boletín Demográfico Year 2, No.4, Santiago de Chile, July 1969, Table II.
5. United Nations Monthly Bulletin of Statistics, November 1971.
6. World Bank Atlas, IBRD 1971, published by the International Bank for Reconstruction and Development.
7. Fourth Report on the World Health Situation, 1965-1968. Official Records of the WHO, No. 192, WHO, June 1971.

* This report is not an official publication but has been prepared for informational and consultative purposes.

## I. GENERAL BACKGROUND

The territory of Chile stretches about 2,700 miles from north to south. The majority of the population lives in the central area in which are situated the capital, Santiago, the other major cities, and the bulk of agricultural and industrial production.

Chile has a population growth rate lower than that of most other countries in Latin America. At the present annual rate of increase the population will double within 30 years. There have been declines in the birth, death, and infant mortality rates during this century, one of the contributing factors being the improvements in medical care.

The country is one of the most urbanized in Latin America; between 1952 and 1960 the population in urban areas increased by 60%. Today approximately 32% of the total population live in the capital and in the second city, Valparaiso. Santiago, with a population estimated at 2,586,212 inhabitants in 1970, is increasing its population at about 4% per annum.

In September 1970, the Socialist Dr. Salvador Allende was elected President as the representative of the Popular Unity coalition of mainly marxist parties. The policies of the new Government have included land reform, the nationalization of the US-owned copper mines, and the take-over of private banks.

### Ethnic

68% of the population are of Spanish/Indian descent, 30% European, and about 2% Amerindian; an estimated 250,000 to 300,000 Araucanians live in the south. The inhabitants of Easter Island, which is a Chilean possession,are of Polynesian descent and form a very small part of the total population.

### Language

Spanish.

### Religion

There is no state religion. Between 80 and 90% of the population are Roman Catholic; there are small Protestant groups.

### Economy

Copper is the most important source of revenue and together with nitrates, iron, and other minerals, forms over 80% of the country's total exports. In 1969, Chile was the world's fourth largest producer of copper ore. Yet nearly a third of the economically active population works on the land, the chief crops being wheat, potatoes, maize, and sugar-beet. The present Government is continuing and expanding the agraian reforms instituted under the previous administration including land redistribution. The Corporation for Agricultural Reform (CORA) contributes to this development, in particular through the encouragement of collective farms. Industries include food-processing, beverages, wine, textiles, and fish-meal.

Communications/Education

There are over 5,000 miles of railways as well as a good road system with a growing number of international routes. Air and sea transport are also important.

There are 11 newspapers in Santiago, three in Valparaiso, and at least 31 other provincial newspapers. The country has both radio and television services. There are 150 radio broadcasting stations and over three million radio sets, one national and three university television stations, and over half a million television sets. The first permanent earth station in South America for satellite communications opened in 1968, 70 miles south-west of Santiago.

Education is free and compulsory between the ages of six and 14 years. Following recent developments in education based on higher public investment in this sector, the length of primary education has been extended from six to eight years, new syllabuses have been developed for secondary schools, and new community centres for adult education have been introduced for the first time. Between 1964 and 1968, the number of children at primary and medium level increased by 30%, the number of students in technical and professional training doubled, and 2,639 new schools were set up. The illiteracy rate has been reduced; in 1960 16% of the population aged 15 years and over were illiterate and in 1967, 11%.

There are eight universities and about 45,000 students.

Medical/Social Welfare

The Ministry of Public Health provides approximately 95% of all health services in Chile, through the National Health Service, set up in 1952, and through national medical services for civil servants, the army, the police, the state railways, the universities, and the prison authorities. Public expenditure on health has increased considerably during the 1960s but there are still deficits in personnel and facilities. There are five medical faculties.

The Social Security system is divided into three major branches, for workers, white-collar employees, and the armed forces. Benefits include sickness, unemployment, and retirement. Social welfare has been promoted through the establishment of community health councils in all National Health Service facilities.

## II. FAMILY PLANNING SITUATION

Family planning services are provided within the Maternal and Child Health Programme of the National Health Service and in other semi-public and private institutions. The Government programme was made official in 1965 when the rules of service were established by the Ministry of Public Health. A private family planning association, supported by the IPPF, has played an important part in developing family planning in Chile. It supports the National Health Service and other institutions which provide family planning services, with technical, financial, and commodity assistance.

## Attitudes

Interest in the provision of family planning services has been widespread in Chile for several years in both the public and the private sectors. The high incidence of abortion is generally recognized as a serious public health problem, and family planning is primarily supported as a means of combatting it.

Many members of the medical profession are active supporters of family planning, in particular in the departments of obstetrics and gynaecology and of preventive medicine. Two of the three leading Medical Schools, those of the University of Chile and of the University of Concepción, are in general favourable towards family planning. The third, in the Catholic University, follows official Roman Catholic teaching on birth control but at the same time carries out research and service work in the field of population.

There is also support for family planning in the labour sector. The Central Union of Workers, representing the majority of trades unions in Chile, has accepted family planning but is opposed to any programme of birth control for economic or political ends.

There is no significant Roman Catholic opposition in Chile to family planning. There has been more extensive opposition to the programme from the Pentecostal and Evangelical churches.

The Government has a positive attitude towards family planning and intends to expand the existing programme. It is putting emphasis on its service role towards families, especially to mothers and children. To coordinate and direct its policies towards this sector, a Ministry for Protection of the Family has been established, with a special responsibility for the health, welfare, and security of mothers and their children.

## Legislation

There is no restriction on the use and sale of contraceptives. Cytology tests are compulsory. Sterilization is illegal but is frequently performed. Abortion is illegal unless carried out for therapeutic reasons. The documented approval of two doctors is required for the operation to be performed.

The incidence of abortion is high: studies indicate that there is at least one induced abortion per two live births. Other surveys show that nearly 40% of maternal deaths are the result of abortion.

## Family Planning Association

### History

Chile possesses the most advanced planning services in South America. Contraceptive services were provided in Santiago as early as 1938 but it was not until 1959 that more concerted action was taken, stimulated by Dr. Jaime Zipper's research into IUDs at the Barros Luco Hospital, in Santiago.

The Asociación Chilena de Protección de la Familia, the Chilean Association for Family Protection, was legally registered in 1964 although it had already been in existence for some years. Despite the fact that family planning activities were within the National Health Service they were not officially recognised until April 1965 when the Government announced its intention to integrate fertility control within the National Maternal and Child Health Services. At the same time, the Government appointed two commissions,one at the Ministry of Health and the other at National Health Service level, to study and coordinate all the family planning programmes. The Chilean Association for the Protection of the Family was to act as a permanent advisory council to these two commissions. Government interest was a result of the concern felt over the sharp rise in abortion.

The Association's members include university professors of gynaecology and obstetrics, public health services, preventive medicine and pediatrics; the directors of the Maternity Hospitals, the School of Public Health, School for Midwives and other bodies. Since its beginning, the Association has concentrated its efforts on coordinating all the family planning services, research, education, training, evaluation and expansion of programmes throughout the country. Its membership has been extended to other professions representing different academic fields in the universities and to official and private institutions.

In 1965 it became a member of the IPPF.

In 1967, Chile was host to the IPPF's VIIIth International Conference, held in Santiago.

Address

Asociación Chilena de Protección de la Familia,
Valentin Letelier 96, oficina 95,
Santiago,
Chile.

Personnel

President: Dr. Onofre Avendaño
Vice-President: Dr. Gildo Zambra
Executive Secretary: Sr.José Valladares
Director of Medical Division:
Dr. Hernán Mujica
Director of Training: Dr.Pablo Atría Ramírez

Services

The Association does not run any clinics of its own but provides support to the National Health Service Clinics which offer family planning services. It finances the cost of personnel in 36 of the clinics and provides all of them with contraceptive supplies and record cards. The Association has also made working agreements with other smaller health organizations, in particular that of the Armed Forces.

Administration

The department of administration carries out important functions of control and accounting in relation to the distribution of supplies and other forms of assistance. It is also evaluating the future role of the Association in view of the probable eventual reduction of its

clinical activities and discussions have been held with officials of the National Health Service in this context. The department is concerned to improve the collection and processing of statistics and cooperates with CELADE (Latinamerican Demographic Centre) in this field of activity.

Information and Education

A professional information and education department was set up in the first half of 1970. In a previous evaluation of the information media, the Association had concluded that the two most important methods of public education were special meetings and group activities and subsequent programmes were evolved around these two approaches. In 1970, eight seminars, six courses, and 16 lectures were held, on family planning and family and community health, for a total audience of over 2,500 persons including medical and paramedical personnel, community leaders, journalists, students, and family planning clients.

The education programme was continued in a similar form in 1971, supported by the publication and distribution of informational leaflets, pamphlets and other types of material. The Association also issues a monthly newsletter with a distribution of over 4,000 within Chile and abroad. Other educational activities include the organization of film shows and the provision of information to the press and to radio.

In 1972 the central activity of the information and education programme is to be a community education project on a national scale involving volunteers. Its aim is to gain the wide acceptance of responsible parenthood in view of the Government's announcement of its intention to provide sufficient clinic services for all those who seek them. Training will initially be given to 100 educators who in their turn are to select and train 30 more persons from their own localities to act as motivators. It is hoped that the cumulative result of the project within two years will be to recruit and train about 18,000 motivators who will promote responsible parenthood in their families, their work situations, and in their own communities.

Training

The Association has acted as a centre for training family planning workers from Latin America as well as personnel from the Association itself and from the National Health Service.

In 1965 a Latin American Training Centre was founded by the Association, to teach birth control, biology of reproduction, demography, elements of public health - in particular the prevention of abortion - sex education, and family planning education. Other institutions contribute to this cooperative effort including CELADE, Departments of the University of Chile, the Department of Obstetrics and Gynaecology at the Catholic University, and the National Health Service. Since March 1970 the Centre has been established in a new building financed by USAID, at the Barros Luco-Trudeau Hospital in Santiago. At the same time a Director of Training was appointed to supervise the programme.

In 1970 the Latinamerican Training programme was attended by 36 doctors, 41 nurses and midwives, 44 social workers and sociologists, 40 health educators, and 33 family educators. Other training activities included courses on sex education and family planning for 28 student midwives from Santiago, and courses for Paraguayan students. Of the total of

trainees in 1970 139 were from Chile and 131 from other countries of Latin America.

The main emphasis in the programme has now been put on national training. Over 200 Chilean medical and paramedical personnel and educators attended courses in 1971. In 1972 it is planned to train the 100 educators for the new community education programme, 90 university teachers, and 60 family planning workers.

## Government

### History

Since the Association's foundation the Government has been concerned with family planning. In August 1965 the Ministry of Health set up an Advisory Commission on Population and the Family at ministerial level. The Government's Health Service had already been providing contraceptives to prevent criminal abortion, and in 1966 family planning was officially and actively integrated within the mother/child care services of the National Health Service. The emphasis was laid on fighting criminal abortion and perinatal mortality. The plan was not financed until 1967 and only in October, 1968 were State activities in the field regularized, with the publication by the Ministry of Health of a memorandum setting out the form of family planning organization at both national and regional level. This made family planning guidance obligatory for doctors employed at health centres.

The Government's objectives are to reduce the rate of abortion and of maternal mortality, to reduce child mortality, and to promote family welfare through the acceptance of responsible reproduction. There has never been any wish to limit population growth through birth control, rather the Government desires to make family planning services freely available to all who voluntarily seek them. In January 1971 the Government eliminated an earlier restriction which had made contraceptive services available to only 15% of the women of fertile age through the National Health Service. The new goal is to reach approximately one million womenof fertile age or 40% of the fertile age group, over a period of four years. Eventually the Government plans that family planning services should be available to everyone who needs and wants them.

To reach the goal, the Government has prepared a new integrated programme of maternal and child health care, including family planning services. The programme was discussed at a meeting in August 1971 attended by representatives of the Government of Chile and of several international organizations whose assistance is to be sought for the project, including the IPPF.

### Services

Organized family planning services were first introduced into some National Health Service clinics in Santiago in 1962 but these were not part of the regular programme of maternal and child care. The number of clinics making family planning services available increased significantly after the Government's establishment of its official programme in 1965. At the end of 1970, 184 National Health Service clinics were offering services and by the end of 1971 the number had risen to 282.

Post-partum insertion of IUDs has become the normal practice in the National Health Service hospitals throughout the country. This followed the pilot study sponsored by the Population Council in the Western Health Area of Santiago which had led to a considerable rise in the number of IUD acceptors.

In 1970 the total of new acceptors served in National Health Service clinics was 65,440; there were nearly 475,000 follow-up visits. The majority of the acceptors use the IUD and the oral pill. The number of acceptors using other methods is very small.

## Information and Education

A large part of the work in this field is carried out by the Chilean Association for Family Protection. The National Health service distributes leaflets through its clinics to promote acceptance of responsible parenthood and to give information on the contraceptive services which are available. At the client level, some talks are given by clinic staff, usually midwives and auxiliary nurses, occasionally using slides and films.

## Sex Education

The Government, through the Ministry of Education, intends to implement a programme of sex education and family life education in primary and secondary schools throughout the country. In 1969, 2,000 school teachers were trained in sex education as part of a plan to which the Ministries of Health and Education and the Chilean Association for Family Protection contributed. In 1970, a programme of Family Life and Sex Education was started under the sponsorship of the Ministry of Education and USAID; 250 teachers attended special training courses. USAID has also financed study-visits by several full-time educators at the Ministry to the USA and Germany.

The ultimate aim of the programme is to prepare young people for adult and family life.

## Research and Evaluation

The National Health Service issues reports on its family planning activities. It intends to improve the keeping of clinic records and the collection of statistical data in order to facilitate accurate and up-to-date reporting. In collaboration with the Chilean Association for Family Protection, CELADE, and USAID, a modern monitoring system is being developed within National Health Service clinics using a computer to process statistics.

## Other Institutions

Centro Latinoamericano de Demografía CELADE (Latinamerican Demographic Centre.)

Centro Latinoamericano de Demografía
José Manuel Infante 9,
Casilla 91,
Santiago,
Chile.

CELADE is a regional centre for research and training in demography. It was first established as a regional institute in 1958 and in 1967 it began to receive financial support from the United Nations Development Programme. It has also received support from the United Nations Fund for Population Activities, the Ford Foundation, the Interamerican Development Bank, and USAID. CELADE trains demographers both in Santiago and in its sub-centre in San Jose, Costa Rica. It also conducts a programme of research projects including man-power studies, studies of census data, fertility studies, and evaluation of family planning activities.

In Chile, CELADE's present studies include comparative studies of fertility; a comparative study of induced abortion: and several evaluation studies of family planning programmes. The Centre is collaboratingwith the National Health Service in a KAP survey in the Western Health Area of Santiago and in the development of a new data recording system for family planning programmes.

The Director of CELADE is Dra. Carmen Miro.

Conseio Nacional de Orientación Familiar: (National Council for Family Guidance)

Consejo Nacional de Orientación Familiar,
Agustinas 853, oficina 917,
Santiago,
Chile.

This private organization was founded in 1966, and is non-profit making. Its aim is to spread awareness of family planning, and its activities include courses, private information at orientation clinics, legislative improvement, consultancy, and the publication of a journal.

The University of Chile

With a grant from the Rockefeller Foundation to the Department of Preventive Medicine, a family planning programme was organized in the Western Health Area of Santiago between 1964 and 1970. It was carried out through 51 clinics of the National Health Service and at its termination was providing services to 110,000 acceptors. The programme was discontinued as a result of political opposition to the extent of the University's involvement.

The Rockefeller Foundation

The Rockefeller Foundation has contributed to the cost of staff salaries in some National Health Service clinics. It has also provided grants to the School of Medicine of the University of Chile, for research and services in family planning.

The Ford Foundation

The Foundation has supported research and training activities in the fields of demography and reproductive biology. It provides funds for the Latin America Association for the Study of Human Reproduction whose headquarters are in Santiago. It also contributes to the development of human resources in the fields of public health and population dynamics, and the development of the social sciences in relation to demography and population.

## The Population Council

The Council has supported various research and service programmes in the field of human reproduction. At the present time it is financing clinical trials of the new IUD, the copper T.

## Swedish International Development Authority - SIDA

Under an agreement signed with the Government of Chile in 1970, SIDA has provided equipment for 46 IUD clinics in National Health Service centres, as well as audio-visual equipment for the same clinics.

## US Agency for International Development - USAID

USAID has supported the construction of the new Latin American Training Centre, operated under the National Health Service, as well as contributing to the extension of maternal and child health and family planning services to rural areas and to the equipping of maternal and child care clinics. It is also contributing to the Ministry of Education's family life and sex education project, to research studies and an evaluation on a national scale of the family planning programme, and to the Programme on Health and Population of the Medical School of the University of Chile.

## Other Sources

- Asociación Chilena de Protección de la Familia, Annual Report for 1970 to the IPPF

- _____, Budget for 1972 presented to the IPPF.

- _____, Boletín.

- Family Planning Programme in Chile: by Dr. Jose M. Ugarte Paper presented at the Third Annual Population Conference, O.E.C.D., December 1970.

- Chile: Country Profiles series. The Population Council, October 1970.

- The Europa Year Book, 1971. A World Survey. Vol.II.

# Situation Report

Distribution

Country GERMAN DEMOCRATIC REPUBLIC Date FEBRUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839—2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 108,178 sq.kms. |
| Total Population | 17,199,000 | 16,164,000 | 17,056,983 (1969 est.) |
| Population Growth Rate | | -0.2 | -0.1 per 100 (1963-68) |
| Birth Rate | 16.5 | 17.0 | 13.9 per 1000 (1970) |
| Death Rate | 11.9 | 13.6 | 14.1 per 1000 (1970) |
| Infant Mortality Rate | | | 19.0 per 1000 (1970) |
| Women in Fertile Age Group (15-44yrs) | | | 3,378,379 (1970) |
| Population under 15 | | | 23.4% |
| GNP Per Capita | | | 1.516 (1970) |
| GNP Per Capita Growth Rate | | | 5.3% (1969-1970) |
| Population per Doctor | | | 626 (1970) |
| Population per hospital bed | | | 90 (1970) |

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 6 to 16. Medical treatment is free of charge.

Planned Parenthood Situation

Advice is available throughout the German Democratic Republic through a comprehensive network of centres integrated with the public health service.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## Planned Parenthood Association

Ehe und Familie,
Sektion der Gesellschaft Sozialhygiene der DDR,
25 Rostock,
Leninallee 70.

Chairman: Professor K.H. Mehlan

## Association History

Ehe und Familie was founded in 1964 and became an associate member of the IPPF in 1967 and a full member in 1971.

## Government Attitude

The Government is favourable to planned parenthood and, under the terms of the Family Rights Law passed by Parliament in 1965, and a Ministry of Health directive issued in 1966, the Association is empowered to organize clinic services in cooperation with local health authorities. The Ministry has established a central planned parenthood committee to develop contraceptive facilities. There is concern at the decreasing birth rate.

The Ministries of Justice and Education also support the work of the EFA.

## Legislation

Abortion is permitted on limited socio-economic indications, and is usually available for women over 40 and under 16 years of age, and those with at least five living children. Recently there has been a noticeable decline in the numbers of both legal and hospitalized abortions.

At present there is a law being prepared which will legalize abortion. It is expected that it will be passed in the Spring of 1972.

## Facts and Figures

There are about 200 Marriage and Sexual Counselling (MSC) centres, to each of which is attached a physician and a welfare worker on a part-time basis, as well as psychologists and lawyers. Over 80% of the centres are situated in local health services premises, and the services are used by over a million women.

All methods of contraception are offered and consultations are free of charge. Spermicides, condoms, and oral contraceptives are manufactured. It is estimated that nearly 20% of all married women are using a modern method of contraception.

## Training

Planned parenthood is integrated into the curricula for nurses, midwives and welfare workers. The training includes practical work in an EFA MCS centre. Medical students are trained in contraceptive techniques during their fifth year of studies.

Special courses have been organized for welfare workers and, at the request of the Ministry of Justice, EFA has organized training courses for family lawyers from all parts of the country.

## Responsible Parenthood and Sex Education

The inclusion of sex education in primary and secondary school curricula is being implanted and secondary school teachers receive special training for this purpose. A research group on sex education has been established within the framework of the Scientific Council of the Ministry of National Education.

Lectures on planned parenthood are given in schools, factories, for youth organizations, etc. by members of EFA's Working Group on Sex Education.

# Situation Report

Distribution *

Country **INDONESIA**

Date **February 1972**

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 1,491,564 sq.kms[1] |
| Total Population | 76,000,000 | 93,000,000 | 121,198,000 (1970)[2] |
| Population growth rate | 1.8% | 2.3% | 2.8%[2] |
| Birth Rate per 1000 | 52 | 43 | 48.3[2] |
| Death Rate per 1000 | 20 | 21.4 | 19.4[2] |
| Infant Mortality Rate | | | 125 (1971)[3] |
| Women in fertile age group (15-44) | | | 21,586,000 (1965)[2] |
| Population under 15 years | | | 42%[3] |
| Urban Population | | | 17.2%[4] |
| GNP per capita | | | U.S. $100 (1969)[5] |
| GNP per capita growth rate | | | 0.8% (1960/69)[5] |
| Population per doctor | | | 27,560 (1967)[1] |
| Population per hospital bed | | | 1470 (1968)[1] |

1. United Nations Statistical Year Book 1970
2. United Nations Demographic Year Book 1970
3. 1971 World Population Data Sheet - Population Reference Bureau Inc.
4. United Nations Monthly Bulletin of Statistics, November 1971
5. World Bank Atlas 1971

* This report is not an official publication but has been prepared for informational and consultative purposes.

## 1. GENERAL BACKGROUND

Indonesia is an archipelago of some 3000 islands, of which the principal ones are Sumatra, Java, Borneo, Celebes, the Moluccas and West Irian. Java, Madura and Bali, which together comprise less than one-thirteenth of the total area of Indonesia, contain almost two-thirds of the population. While the average density for the country as a whole was 78 people per square kilometer in 1969, the corresponding figures for Java and Madura were 741. With an estimated growth rate of 2.5% annually, the population of Indonesia is expected to double in 24 years. By 1985 the population may grow to 183 million. Djakarta is the capital of Indonesia; and it is estimated that annual urban growth rate will be 4.6% for 1970-75.

Indonesia has been a republic since gaining independence from the Netherlands in 1949. The executive power at present rests with President Suharto, who is the Prime Minister.

### Ethnic

Besides the indigenous population, which is Dentero Malay, Indonesia contains one of the largest Chinese minorities in South-East Asia, totalling 3-4 million. In addition, there are small Arab, Eurasian and Indian minorities.

### Language

The official language is Bahasa Indonesian. English, some Chinese dialects and Tamil are also spoken. At Independence, 25 different languages and 55 dialects were recognised.

### Religion

About 85% of the population are Muslims; 7% Protestants; 3% Roman Catholics; 2% Hindu/Buddhist; and 3% follow other religions.

### Economy

About 52% of the national income is derived from agriculture and more than 70% of the people work in agriculture. Less than 10% of Indonesia's land mass is suitable for farming, since there is fertile soil on two-thirds of Java and Bali and the remaining 90% of Indonesia's land is poor in quality. The principal commercial crops are rubber, tobacco and coffee. In the second half of 1970, oil discoveries were made in Java. Petroleum and tin are valuable exports although 60% of the exports consist of agriculture produce. Some light and medium scale industry is being introduced under the auspices of the Five Year Development Plan (1969-74) prepared and run by BAPPENAS, the National Development Planning Agency. About three and a half million people are estimated to be unemployed and an additional 15 million under-employed.

U.S. $1 = 378 rupiah (export, import & tourist rate)

## Communications/Education

In 1968 there were 1,500,000 radio licences and 2,500,000 estimated sets. All the 71 radio transmitters are government controlled. In 1965, the 85 daily newspapers had a circulation of 709,000 i.e. 7 newspapers per 1000 inhabitants. 75,000 televisions were in use in 1969, and in 1967 there were 675 cinemas with an annual attendance of 259.6 million.

76.71% of Indonesia's men and 59.6% of its women were literate in 1961. By 1964, 11 million primary school places had been provided for children between 7 and 14 years of age. Illiteracy has been wiped out in most areas. The 6 year compulsory education programme was extended to the whole country by 1969. There are 28 state and several private universities.

## Medical

There is a limited state welfare service providing old age pensions and medical care for government workers. In 1964, a hospital expansion programme with a target of 3000 new beds every year was announced. In 1968, there were 1052 hospital establishments with 76,938 beds. There were 3,994 physicians, 752 dentists, 835 pharmacists, 13,241 nurses and 5,948 midwives in 1967.

# II FAMILY PLANNING SITUATION

The Indonesian Planned Parenthood Association was founded in 1957, and pioneered family planning services in Indonesia. The IPPA now has major responsibility for training and information and education activities. In 1968, the Government announced its support for family planning and founded the National Family Planning Institute, known as the Lembaga, which was replaced in February 1970 by the Co-ordinating Body for National Family Planning, known as the Badan (BKKBN).

## Government Attitude

The present government is firmly committed to a national family planning programme. At the first National Congress of the Planned Parenthood Association in February 1967, in Djakarta, the Director of Health and other Cabinet ministers, for the first time, openly expressed their support for family planning. In September 1968, President Suharto issued a directive establishing the National Family Planning Institute to serve as central co-ordinating and supervisory agency for family planning activities. The Institute and its successor, the Co-ordinating Body for National Family Planning, the Badan, are also responsible for clinic services and the handling of supplies. In 1968, the Government signed the United Nations Declaration on Population.

## Legislation

The old Dutch law which prohibits the dissemination of information about contraceptive methods to the public has not yet been repealed, although publicity for family planning is accepted as an integral part of the national programme and the Attorney General has declared that no one working in the family planning field will be prosecuted under this law. High duty on foreign contraceptives has been abolished, provided they are imported through the Ministry of Health.

## Abortion

Abortion is legal only to save the mother's life.

## Family Planning Association

### Address

Indonesian Planned Parenthood Association
Djalan Dr. Kusumah Atmadja S.H. 85,
Djakarta,
Indonesia

Cable: IPPA, Indonesia
Telephone: 45671

### Personnel

President: Professor Hanifa Wiknjosastro
First Chairman: Mrs. Nani Seowondo
Second Chairman: Dr. Djaka Sutadiwiria
Secy.-General: Mrs. O. Djoewari
Treasurer: Mrs. H. [illegible] Sjamsuridjal
Acting Director of National Training Centre:
Dr. Sutjipto Gondoamidjojo

The Association, which was formed in 1957, made little progress during the pro-natalist Sukarno regime. In 1967, with the support of the present Government, the Association made rapid advances. The Association's First National Congress in 1967 was attended by participants from eight branches. By the Association's Second National Congress in May 1970, there were representatives from 134 local branches, 6 regional chapters and the National Training Centre present. The IPPF South-East Asia and Oceania Region Conference in Bandung in 1968 attracted wide interest and support. The Ministers of Welfare and Health addressed the conference, and a message of support from the President was read.

## Services

In 1970, all clinical activities, except those in the Outer Islands, were taken over by the Ministry of Health. The Association has responsibility for all medical and clinical services in the Outer Islands. The Association supplies and helps to maintain 150 family planning clinics in the islands outside Java, Bali and Madura, in addition to a number of model clinics in Java and Bali.

## Training

Training of family planning workers of all types, and especially in 1970 of medical and paramedical workers, and in 1971 and 1972 of fieldworkers, has been the major role and most successful task of the Association. The Association provides training through its National Training & Research Centre (NTRC), 6 Provincial Training Centres (PTC) and 3 Sub-Training Centres (STC). In 1970, theNTRC and 6 PTCs trained 225 medical, 525 paramedical and 1275 non-medical personnel, including fieldworkers, information officers and social workers, as well as senior government officials at district level. It is estimated that 3,000 family planning workers must be recruited and trained annually. The NTCand 6 PTCs have the capacity to train these. However, to increase the

numbers trained to meet the Associations need, in 1971, 3 sub-training centres were set up. In 1972, the Association hopes to increase the numbers trained by 25% to meet the government and its own requirements. Training is provided for speakers in connection with the operation of Speakers' Teams. Adjacent to the 6 PTCs and 3 STCs, there are 9 Family Planning Demonstration Areas. These Areas serve as a field training area for students and as a laboratory for developing and testing new community approaches for family planning programmes. Each of the areas cover a population of 50,000 to 100,000.

## Information and Education

Since surveys show that only 14% of the Indonesians know about family planning, the Association is giving priority to family planning education. Three mobile units are used in Djakarta, Palembang and Bekasi to publicize family planning. The Association's Information Centre broadcasts radio programmes weekly, and provincial centres are engaged in programmes at least twice a month. Television programmes are broadcast twice a month.

Information films on family planning are shown extensively in rural and urban areas by the Association's central and provincial chapters. The Association has produced a 30-minute motivational film entitled "The Twelfth Child" and two sets of portable exhibits. Two films, one on motivation and the other on Fieldworker training were produced. In early 1970, the Association developed a series of anatomical and motivational flipcharts in co-operation with the IPPF Regional Office. About 997,000 different types of leaflets, including the news bulletin, were published and distributed by the Association in 1970. The official news bulletin is the monthly "Indonesian Planned Parenthood News."

A mass communications workshop was held in June 1970 and was attended by 35 journalists and radio directors in Djakarta. Three exhibitions in Surabaya, Magelang and Jogjakarta were set up during the Association's Second National Congress in 1970, and several other exhibitions have been organized.

The Association is co-operating with the Government in its programme to integrate family life education into the school system. Two Association staff members have been seconded in to the Ministry of Education to assist in the development of the programme.

In 1972, the two main projects envisaged are the Community Education programme and the Materials Production Centre. The Community Education programme - in contrast to inter-personal and mass communication work which are the responsibility of the Government, will be carried out through extension activities, group work and the influence of local community leaders. It will make a coordinated effort to use Speakers' Teams, film shows, group activities and special events.

Speakers' Teams will be the central activity of the Community Education Programme. Speakers' Teams in the provinces are playing an important role in spreading knowledge of family planning in rural areas. It is estimated that during 1970 there were about 100 active speakers who addressed audiences of 20 or more people on an average of twice a month. Thus, at least 50,000 people were reached in this way. In 1971, 240 speakers were trained by the Association.

The Materials Production ~~Centre is~~ designed to meet the Association's increasing need for high standard informational, educational and training materials. The Centre will respond to the Association's national, provincial and branch needs, and to the needs of the NTRC, PTC and STCs. These responses will involve both the production of standardized materials for widespread distribution and the production of "once-off" materials for particular or local use. The Centre would also be the main resource centre for the proposed Community Education Programme.

Research & Evaluation

The function of the Research and Evaluation Bureau is to conduct surveys and to evaluate Association's programmes. The Association cooperates with Universities and other agencies working in this field.

Among the surveys conducted are -

- A KAP Survey in Djakarta (1968)
- A Bekasi Pilot Project (1968)
- Characteristics of family planning acceptors in Djakarta (1969)
- IUD retention rate (1969)
- Oral continuation rate (1969)
- A study to estimate the effectiveness of pamphlets, leaflets and brochures (1969)
- Evaluation of the effectiveness and efficiency of mobile operations in Djakarta and Palembang (1970)

In 1972, the main research studies will be on the use of male dukuns in Bali; action research project in Bandung; follow-up study on oral pill acceptors; a study on obtaining acceptors through group meetings or home visiting by means of incentives or without incentives; pre-list surveys of information/motivation materials and other small studies. A Research Review panel is to be set up and 4 evaluators are to be employed in the Outer Islands.

An Inter-University Family Planning Research and Training Scheme between the Leyden State University and the University of Indonesia is being supported by the Association. The project is spread over four years and the main objectives are - the establishment and management of a family planning clinic; the execution of sociological research in the area covered by the clinic; the training of students of the University of Indonesia in the methodology of field research and the management of family planning and the provision of fellowships.

Cooperation with Government and Future Plans

The role of the Association, as the leading voluntary agency in the country,has been evolving over the last two years, in conjunction with the development and increasing effectiveness of the government programme under the Badan. The Association's role under the Five-year Development Plan has been defined mainly as entailing responsibility for a) provision of services in the

other islands b) training of non-medical workers c) motivation through information and education d) small research and evaluation surveys.

In view of the above responsibility, the programme in 1972 has been planned as a complete entity. The nnformation and education programme is geared to support the community activity of the branches through the Speaker's Bureau; the training programme is supported by the medical and clinical activities as organised through the demonstration units; the administration and supervisory support is given by the headquarters in Djakarta. The new premises of the NTC will house the Materials Production Centre, corresponding to the total Association programme with standardized materials and "once-off" materials for local use; the present training load of 3000 trainees will be increased by 25% to enable the Association to train its own personnel. Training and clinic services will continue in the other islands where the Government will not offer family planning services until 1973/75.

The FUTURE role of the Association can be seen for the next five years as:-

(i) Meeting the targets of the Badan for training through its training centres.

(ii) The development of its material production facilities for training and information purposes, with the emphasis on pre-testing and research for the general benefit of the national programme.

(iii) The development of motivation and clinic services in the Other Islands until the government is ready to assume the main burden of the family planning programme in these areas.

Government

address: Badan Koordinasi Kelnarga Berentjana Nasional
(National Family Planning Coordination Body)
Djalan Wahid Hashim no. 54
Djakarta, Indonesia

Personnel

Chairman: (Col) Dr Suwardjono Surjaningrat

## Programme

Family planning is incorporated into Indonesia's Five-Year Development Plan (1969-1974) where the objectives are stated as follows (1) To improve the health and welfare conditions of mothers, children, the family and the nation (2) to raise the level of the people's living standard by decreasing the rate of birth, so that the population increase will not exceed the ability to step up the gross national product. In the first stage of this plan, all cities in Java, Madura and Bali will be covered, and gradually family planning services will be extended into rural areas. The Badan is responsible for coordinating all activities of the Departments of Health, Information, Armed Forces, Manpower and Education in their family planning activities.

## Target

The target of acceptors for 1970-1975 is 6,075,000. Family planning service centres are to be located in existing hospitals, MCH Centres and special family planning clinics. The number of new clinics to be opened from 1969-1973 are 1200 fully equipped clinics and 1250 moderately equipped clinics.

## Services

The Government has since 1969 taken over responsibility for clinical services. Family planning clinics are integrated with Maternal and Child Health Clinics, hospitals, health centres and maternity clinics. The personnel and facilities allocated to family planning services in 1,300 government operated clinics are 1,040 doctors, 1930 nurses and midwives, 1925 other family planning personnel. The target of 125,000 acceptors for 1970-71 was surpassed and 180,000 new acceptors were recorded. For 1971-72 the target is 200,000 acceptors of which 36% was reached by June 1971. According to the data available at the Badan, for the first four months of the fiscal year 1971-72 (April-July), the methods used most in the 6 target provinces were the Pill (50%) and the IUD (44%) while only 4% used condoms and 2% vaginal tablets.

Family planning services are free to those who cannot pay. Acceptors pay a fee for medical services only in some clinics and some offer both services and supplies free. Distribution is handled by Government and is efficiently run and co-ordinated.

## Training

The Government has given responsibility for training non-medical personnel to the Association. The training targets of medical and paramedicals over the 5 year period by the Ministry of Health, pre-service training, upgrading and refresher courses are 20,250 divided as doctors 1,350; midwives 2,000; assistant midwives 3,800; auxiliary health workers 10,500; and midwives for IUD insertions 2,600.

The Ministry of Health has 2 national and 5 provincial training centres; other training centres are run by the Ministries of Social Affairs and Information, and the Armed Forces.

## Information and Education

Interpersonal and mass communication are the responsibility of the Government. Fieldworkers are trained at the Association's training centres, but the selection and employment is the responsibility of the Badan. All mass media channels are used to educate and inform people.

The Government plans to integrate family life education into the school system.

## Research and Evaluation

The Badan has recently revised the monthly clinic report forms and individual patient records and has developed register and referral slips. These were tested in Djakarta and Surabaja. It is hoped there will be a centralised collation of the data by the Badan.

Further research and evaluation has been conducted by several organizations. In future the Badan hopes to coordinate all research in the field of family planning.

In 1971-76 training courses on evaluation of fertility are planned to be held. A research panel will be established. Some of the research projects scheduled for 1971/72 are-vital registration, evaluation of fieldworker performance, characteristics of acceptors and operational studies.

Other Organizations

IPPF - provides annual assistance to the Association.

USAID - is playing a major part in the setting up of a viable family planning programme in Indonesia, providing both technical and financial help.

Japanese Organization for International Co-operation in Family Planning - is supporting the IPPA programme with contraceptives and vehicles.

The Population Council - supports postpartum programmes in three hospitals in Djakarta and two in Bandung; most of the IUDs in the family planning programme are provided by the Council.

The Ford Foundation - has donated funds to assist the IPPA and an information Project in Djakarta. The Ford Foundation provides two technical advisors.

Pathfinder - also supplies contraceptives and has a small training programme in Bali.

SIDA (Sweden) - is supporting the Government programme with contraceptives.

A World Bank (UNDP) - team visited Indonesia and was concerned with family planning as one of many development problems.

The Netherlands Government - contributed three-quarters of the cost of building the National Training Institute.

Mennorite Central Committee - supports family planning in the Tapi Christian Hospital, Java.

The World Assembly of Youth - holds family planning seminars.

Church World Services - have contributed for family planning training clinics in North Sumatra and Sulawesi.

OXFAM - has provided assistance to expand home visiting of family planning clinics.

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# Situation Report

Distribution *

Country JAMAICA

Date FEBRUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 10,962 sq.kms.[1] |
| Total population | 1,403,000[1] | 1,609,814[1] | 1,865,400 (1970 census)[1] |
| Population growth rate | | | 2.3% (1963-70)[1] |
| Birth rate | 33.1[1] | 43.1[1] | 32.9 per 1,000 (1970)[1] |
| Death rate | 11.9[1] | 8.9[1] | 7.1 per 1,000 (1970)[1] |
| Infant mortality rate | 78.3[1] | 51.0[1] | 32.3 per 1,000 (1970)[1] |
| Women in fertile age group (15-44 yrs) | | | 400,000 (1970 estimate)[2] |
| Population under 15 yrs | | | 41% (1960)[3] |
| Urban population | | 29.5%[4] | 37.6% (1970)[4] |
| GNP per capita | | | US$550(1969)[5] |
| GNP per capita growth rate | | | 3.0% (1960-69)[5] |
| Population per doctor | | | 4,060 (1969)[6] |
| Population per hospital bed | | | 260 (1968)[6] |

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2. Jamaica: Country Profiles. A Publication of the Population Council. April 1971.
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5. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.
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* This report is not an official publication but has been prepared for informational and consultative purposes.

## I. GENERAL BACKGROUND

Jamaica is a mountainous island with a tropical climate. As only 20% of the territory is arable land, the real population density in some areas is even higher than the average figure of 182 persons per square kilometre. Emigration from the island over the past few decades has been an important factor in the population growth pattern. During the 1950s and 1960s high rates of emigration helped to absorb the natural population increase. Between 1950 and 1962, 190,000 persons emigrated or about 37% of the natural increase. The emigration level dropped following the United Kingdom's legislation restricting immigrants but rose again to 20,000 in 1967 after the relaxation of the quota system in the USA. Emigration continues on a small scale, the majority of emigrants now being the better educated.

A large part of the population is of African descent and the structure of family life is frequently based on a female head. There is a high percentage of illegitimate births and common-law and visiting unions are found alongside regular unions. Real, i.e. legal marriage, is often a status symbol and may take place when the couple have achieved a satisfactory economic position.

Jamaica is predominantly rural. There are five urban centres of over 10,000 inhabitants including Kingston, the capital and chief port. According to the 1970 Census the city of Kingston had 117,400 inhabitants.

The island gained its full independence from the United Kingdom in 1962.

### Ethnic

The majority of the population is of African descent. There are small Afro-European, Afro-East Indian, and Afro-Chinese groups, as well as small European, Chinese, East Indian and Syrian minorities.

### Language

English is the official and commercial language. A dialect of English is widely spoken, and Chinese and Hindi are spoken in the Chinese and East Indian communities.

### Religion

There are Christian and non-Christian groups. The former are the larger and include the Church of England, Baptists, Church of God, Methodists, Congregationalists, and Presbyterians. There are small Jewish and Hindu groups and some folk religions showing African influence.

### Economy

Agriculture and mining are the chief economic activities. Sugar, molasses, rum and bananas are the main products. Jamaica is a major producer of bauxite and the introduction of processing factories has made her a leading producer of alumina. The tourist trade and remittances from emigrants are also important sources of income. Under the 1963-68 Five Year Plan 50% of expenditure was devoted to social and community services to combat unemployment. Jamaica is a member of the Caribbean Free Trade Area.

Despite the Government's attempts to diversify the economy, a large part of the working population continues to be employed in agriculture. Jamaica has a serious unemployment problem, the unemployed being estimated at about 15% of the labour force with an unknown amount of under-employment.

Communications/Education

Jamaica's road and railway network chiefly serves the urban areas. The Government has put more emphasis on the building of roads to service the remoter rural areas.

There are two daily newspapers and over 30 other journals and papers, two of which are published in Chinese. Radio and television broadcasts are carried out by the Jamaica Broadcasting Corporation, the Educational Broadcasting Service of the Ministry of Education, and by one other commercial radio company. In 1969 there were 450,000 radio sets and 59,000 television sets.

Education is compulsory between the ages of six and 15 years but in fact the shortage of facilities means that the rule is frequently not applied and the overall educational level of the population is low. The Minister of Education is responsible for the provision and administration of educational facilities, and it is the Government's aim to reduce the rate of illiteracy and to provide a school place for every child. In 1960, 18% of the population aged 15 years and over were illiterate.

There are six faculties of the University of the West Indies in Kingston.

Medical/Social Welfare

Public health is the responsibility of the Minister of Health. The island is divided into 45 Medical Districts each in the charge of a Medical District Officer and there are over 100 health centres. There are also 23 general and maternity hospitals. Government spending on the social services, including health, is equal to about 30% of the total of Government expenditure. There is also a private medical sector.

The lack of qualified medical personnel is a serious problem. Many are lost through emigration; for example between 1962 and 1966 726 of the 784 nurses trained by the Government emigrated.

A compulsory National Insurance Scheme was implemented in Jamaica in 1966 which covers all gainfully occupied persons over the age of 18 years and under retirement age. Benefits cover pensions, sickness, and disablement. The Programme of the Ministry of Youth and Community Development includes various social development projects in particular with young people. Several private charitable organizations are also occupied with social welfare.

II. FAMILY PLANNING SITUATION

There is a national family planning programme within the Ministry of Health, directed by the National Family Planning Board. A private family planning association, supported by the IPPF, has promoted family planning services in Jamaica for many years and is now

cooperating with the Government programme.

## Attitudes

The majority of opinion in the country is in favour of family planning. The Government incorporated its concern over rapid population growth into its Five Year Plan 1963-1968. On policy it said "The Government will seek to bring about a greater awareness of the implications of rapid population growth and population pressure in the island, and of the national problems arising, as well as the effects of excessive childbearing on the lives and prospects of individuals. The Government will encourage the spread of information on and techniques for the spacing or limitation of families for the benefit of those persons who desire them".

The majority of church leaders are favourable to family planning. A successful seminar held for 28 religious leaders in June 1969 helped to gain their support for family planning activities. The Roman Catholic Church (app. 6-7% of the populationare Roman Catholics) has declared that it will not interfere as long as pressures and coercion are not used. It gives sex education classes in all its church schools.

A minority black nationalist group movement has attacked the family planning movement on the genocide argument, that it is a plot to wipe out black men, but they are marginal and relatively unimportant.

The University of the West Indies actively supports family planning activities, in particular the Departments of Social and Preventive Medicine, Demography and Medicine.

## Legislation

There are no legal restrictions on the manufacture, importation, or distribution of contraceptives, and there are no laws prohibiting sterilization.

Abortion is illegal except in some cases when the danger to a woman's mental and physical health is accepted as the legal grounds for an abortion. However abortions are frequently carried out by a doctor with the support of a second medical opinion. In 1970 the private family planning association stimulated public discussions on repeal of the abortion laws and continued the campaign for reform during 1971.

## Family Planning Association

### History

Private efforts to promote family planning began in Jamaica as early as 1939. In 1957, various small groups affiliated to form the Jamaica Family Planning Association (JFPA), and a national office was set up in 1964. Once the goal of involving the Government in the provision of services had been successfully achieved, the JFPA concentrated on education and motivation. Liason is maintained with the National Family Planning Board and the JFPA is represented at the former's committee meetings. The Government provides some financial support for the JFPA's programme.

The JFPA became a full member of the IPPF in 1965.

## Address

Jamaica Family Planning Association Ltd.,
6 Bravo Street,
P.O. Box 92,
St. Ann's Bay,
Jamaica.

## Personnel:

President: Mr. Hector L. Gibson
Executive Secretary: Mr. Basil Morgan
Programme Director: Mrs. Mavis Brown
Information Officer and Editor of the JFPA News:
Dr. Carl Stratmann.

## Services

The JFPA runs a small clinic programme to complement the services offered by the Government. In 1970 it comprised two clinics, in Kingston and St. Ann's Bay; and assistance in the running of the St. James Family Planning Clinic, Montego Bay, and the Port Antonio Clinic.

The clinics offer a wide range of contraceptive methods as well as Pap smear tests. In 1970, a total of 3,146 new acceptors was served and there were 26,449 follow-up visits. The majority of all acceptors use the oral pill. A growing number of men were attending the clinics, not only to collect condoms but in some cases to collect their wives' monthly contraceptive supplies.

A Mobile Unit was donated to the St. James clinic by the Rotary Club of Montego Bay. It started operations in July 1970 and is being used by the clinic to take family planning methods to people in rural areas who do not live near a fixed clinic.

The number of new acceptors fell during 1970 and the drop-out rate caused concern. To counter these trends the JFPA aims to develop its person-to-person motivation work in the field. The reasons for drop-outs are the subject of study by the National Family Planning Board and the University of the West Indies.

## Information and Education

During the development of its programmes, the JFPA had established that person-to-person contact was the most effective method of motivation. Until mid 1969 a fieldwork programme had been carried out by the personnel of the Encouragement Visitor scheme. So far the scheme had not been reinstated on an island-wide scale.

In an effort to combat the trends of a decrease in new acceptors and a higher drop-out rate, the JFPA directed its team of Family Planning Educators to carry out a programme of personal contacts on similar lines to the Encouragement Visitor programme. In 1970, they made a total of 7,600 contacts, with both men and women. The team also organized group lectures, film-shows, and meetings.

In two parishes, Encouragement Visitor projects were run for a short time with the support of locally raised funds. In St. Ann, a special project sponsored by the IPPF was run from October to December 1970, to test the effectiveness of the Encouragement Visitors. In the three months, the six Visitors made a total of 1,085 contacts, with men and women. The project was to be evaluated by Dr. Karl Smith of the University of the West Indies.

The Association is seeking the cooperation of the 'nanas' or unlicensed local midwives who are influential members of the local community. In 1970 one day training conferences were held in 22 parishes, attended by a total of 347 persons. The nanas who attended were enthusiastic and willing to pass on the information on family planning in their localities.

The Association's newsletter, the JFPA News, is an important means of informing the public about the Association and its work in the family planning field. It was issued in a new printed form in December 1970.

Within its education programme for 1972 the Association plans to run an intensive motivation campaign aimed at men. The Male Programme is to be based on the results of a Survey of Opinions and Practices of Family Planning among Jamaican Men, carried out by the Association in 1969. The Field team is to consist of ten family planning educators and two assistants including male interviewers; 15 male interviewers began work in selected areas in September 1971. The JFPA is also to carry out a project of high saturation motivational work with the support of and in cooperation with the National Family Planning Board.

## Training

The Government is mainly responsible for training. The JFPA organizes in-training courses for its own staff, including the family planning educators and the Encouragement Visitors for the special project in 1970. It also runs courses for 'nanas' and is to organize the training of the male interviewers for the Male Programme.

## Fund Raising

Local fund-raising for the JFPA is directed by Mrs. Lenworth Jacobs. In 1971, about US$28,000 were collected, through personal donations, selling of advertising space in the JFPA News, and social functions, and approaches to commerce and industry.

## Government

### History

Organized government activity on behalf of family planning began in 1964 when the Ministry of Health announced that the Government would make recognized and effective contraceptive methods available to those who wanted them at government hospitals, and also through private doctors who wished to assist in this kind of work.

In 1966 the Government set up its National Family Planning Unit to encourage the use of contraceptives. The following year the National Family Planning Board was created, receiving full legal status under the National Family Planning Act of August 1970.

The 12 members of the Board are selected from the professions, business, government, and the university.

## Address

National Family Planning Board,
5 Sylvan Avenue,
Kingston, 5,
Jamaica,
P.O. Box 287.

## Personnel

Executive Chairman: Mr. C.H. Allison
Medical Director: Dr. Wynante Patterson

## Services

By June 1971 the Board's programme was being carried out at 156 public health centres throughout the island. The Board pays the salaries of the Ministry of Health staff. Family planning advice and contraceptives, except the oral pill are provided free of charge. It is estimated that no member of the population lives more than six miles from a clinic. The Board is also running a pilot post-partum project in selected hospitals.

In 1970 the programme served an average of 1,500 new acceptors a month and in 1971 the average monthly figure rose to 2,000. The oral pill is the most frequently used method but condoms, diaphragms, the IUD, foams, creams, jellies, advice on the rhythm method are also available. Free Pap smears are obtainable for clients.

## Information/Education

The National Family Planning Board employs a small number of field workers. An education officer of the Board works in each parish with the local programme to advise on educational activities. The Bureau of Health Education acts as consultant for the programme and the production work is contracted out to a private firm. The Board co-ordinates its programme with the private JFPA, the latter concentrating on grass-roots motivation and contacts.

## Training

The National Family Planning Board and the Bureau of Health Education jointly organize training for family planning workers. Family planning has been introduced into the syllabus of medical and nursing schools.

## Sex Education

The Ministry of Education produced a paper on sex education in schools early in 1971 and some work has been done on syllabi with a view to introducing the subject into the schools.

## Others

## The Family Counselling Centre

The Centre was opened in 1967 under the sponsorship of the Roman

Catholic Archdiocese in Kingston. In four and a half years it has received 33,000 visits. Its services include family counselling, Pap smear tests, birth control - the oral pill or advice on the rhythm method are available - sex education and pre-marriage courses.

The Director of the Centre is A.W. Kane, S.J.

International Bank for Reconstruction and Development (World Bank).

In June 1970 it was announced that the World Bank had approved a loan of US$2.6 million to support the Government's family planning programme. This is the first loan made by the Bank Group to assist a country in controlling its population growth rate. The loan will contribute to the cost of improving and expanding the Victoria Jubilee Maternity Hospital, of constructing 10 rural Maternity Centres, and of designing training programmes for family planning personnel. It will also help finance studies on the optimum use of health clinics in the Kingston area for family planning purposes. The Government plans to complete the project by 1974 and by 1975 will have increased its contribution to the National Family Planning Board to US$1.5 million (1970 US$0.5 million).

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- _____, JFPA News.
- _____, Budget presented to the IPPF for 1972.
- Jamaica: Country Profiles. The Population Council, April 1971.
- West Indies and Caribbean Year Book IPBA.
- The Europa Year Book, 1971. A World Survey. Vol.II.

# Situation Report

Distribution *

Country POLAND

Date FEBRUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 312,677 sq.kms. |
| Total Population | 24,824,000 | 29,703,000 | 32,589,000 |
| Population growth rate | | | 0.8 per 100 |
| Birth rate | 30.1 | 22.6 | 16.6 per 1,000 |
| Death rate | 11.6 | 7.6 | 8.1 per 1,000 |
| Infant mortality rate | 111.2 | 54.8 | 33.4 per 1,000 |
| Women in fertile age group(15-44yrs) | | | 8,525,400 |
| Population under 15 | | | 26.4% |
| GNP per capita | | | US$940 (1969) |
| GNP per capita growth rate | | | 5.1%(1961-69) |
| Population per doctor | | 870(1963) | 690 (1969) |
| Population per hospital bed | | | 130 (1969) |

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances as well as paid maternity leave. Education is free and compulsory for ages 7-14.

Planned Parenthood Situation

Advice is available from clinics throughout the country.

Planned Parenthood Association

Towarzystwo Planowania Rodziny (TPR)
Ul Karowa 31,
Warsaw, Poland.

President: Professor Bolesław Gornicki

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## Association History

Founded in 1957, full member of the IPPF in 1959.

## Government Attitude

The positive government attitude towards planned parenthood is shown by its support of the TPR and the integration of planned parenthood with public health services of the country. The TPR cooperates with the Ministry of Education.

## Legislation

1956 legislation permits abortion on social grounds. A law of 1959 requires physicians to offer contraceptive advice after delivery and abortion and every new mother has to sign a certificate saying that she had been given advice.

## Facts and Figures

There are over 3,000 'K' clinics throughout the country. In addition, the TPR has its own clinics in Warsaw and Krakow. The TPR manufacture through its company 'Securitas' spermicide and cervical caps. Diaphragms are imported; IUDs and orals are manufactured. Contraceptives are also sold in chemists, stationery shops and various health institutions. 70% of the cost is born by social insurance. There are about 25 legal abortions per 100 births.

## Training

Contraception is included in the curriculum of gynaecology students. 5th year medical students have 2 hours on contraception and 6 hours on fertility and sterility. The Institute of Mother and Child organize international training conferences, including lectures, on contraception for physicians from other countries.

## Responsible Parenthood and Sex Education

This is the principal area of TPR activity. The TPR has its own publishing department and has produced literature on planned parenthood, sex education, infant care, hygiene, infertility, etc. A TPR committee on sex education is responsible for coordinating activities and preparing guidelines for provincial committees. Sex education is a compulsory subject in many schools. Lectures on sex education have been introduced into the curriculum of the Polish Medical Academies, and the Minister of Education has recommended the implementation of a 32 hour programme of hygiene, including a 7 hour programme for sex education in secondary schools. The TPR supports such recommendations by arranging training courses for teachers and lectures for young people, as well as producing visual aids, literature etc.

The TPR is also active in education in the army. A weekly radio programme is devoted to aspects of planned parenthood, sex education, pregnancy etc. There are also many TV programmes on these topics.

The Contemporary Family Research Centre conducts research on attitudes and views of youth on sex, love, marriage and family and on marital difficulties. The Centre has published the first part of a study on 'Married couples in conflict' and a study on the attitudes of young people towards sex, love and marriage. The MFRC supervises a premarital

and family consultation office, arranges discussions when the research is in progress, and evaluates the results of research on the contemport family conducted by other institutions.

# Situation Report

Distribution *

Country SINGAPORE

Date FEBRUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 581 sq.km.[1] |
| Total population | 1,022,000 | 1,634,000 | 2,074,507 (1970)[1] |
| Population growth rate | | 3.7 | 2.1% (1963-70 average)[1] |
| Birth rate | 45.5 | 38.7 | 23.3 (1970)[1] |
| Death rate | 7.2 | 6.3 | 5.3 (1970)[1] |
| Infant Mortality rate | 75.2 | 34.8 | 19.8 (1970)[1] |
| Women in fertile age group (15-44yrs) | | | 455,943 (1970)[1] |
| Population under 15 | | | 43% (1970)[5] |
| Urban population | | | 80.8% (1970)[3] |
| GNP per capita | | | US$800 (1969)[4] |
| GNP per capita growth rate | | | 4.5% (1960-69 average)[4] |
| Population per doctor | | | 1520 (1969)[2] |
| Population per hospital bed | | | 260 (1969)[2] |

1. UN Demographic Year Book 1970
2. UN Statistical Year Book 1970
3. UN Monthly Bulletin of Statistics - November 1971
4. World Bank Atlas - 1971
5. 1971 World Population Data Sheet - Population Reference Bureau (1971)

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Singapore became an independent and sovereign nation in 1965. It is a republic within the Commonwealth. The legislature comprises a Parliament elected by universal adult suffrage.

Singapore is a small island at the end of the Malay Peninsular. Population density in 1970 was 3,528 per square kilometer. Expectation of life at birth is 68.2 years.

The population of Singapore is estimated to reach 3 million by 1985 and to double itself in 29 years.

### Ethnic

At the end of 1969 there were 1,512,000 Chinese, 294,900 Malays and Indonesians; 161,800 Indians and Pakistanis; and 64,800 others.

### Language

The national language is Malay. Besides this, Chinese, Tamil and English are official languages. English is the language of administration.

### Religion

The main religions practised are Islam, Buddhism, Hinduism, Confucianism, Taoism and Christianity.

### Economy

The agricultural sector accounts for 4% of the national income and employs 8% of the labour force. Singapore is the entry port for Malaysia and other South-east Asian countries and the fourth largest port in the world. Trade accounts for 16% of Singapore's national income and employs a quarter of the labour force. Processing and manufacturing industries are growing.

US$1 = 3.06 S$.

### Communications/Education

In 1969, there were 11 daily newspapers with a circulation of 312,000 i.e. 154 per 1000 population. There were also 72 cinemas with a seating capacity of 58,000 in the same year. 102,000 radio receivers, i.e., 50 per 1000 population and 131,000 television receivers, i.e., 65 per 1000 population were in use in 1969.

Singapore has a very well organised educational system. Primary and secondary education is available in all 4 official languages. There were 437 primary schools, 126 secondary schools, 4 vocational and technical institutes, 5 industrial training centres and 5 universities and colleges in 1969.

### Medical

The Social Welfare Department aided by voluntary bodies provide a wide range of welfare services to individuals and families in need. There is no state social insurance system, but there is a central provident fund into which contributions must be paid by employers and employees.

In 1969 there were 18 hospital establishments with 7,696 beds. There were 1,330 physicians, 186 dentists, 228 pharmacists, 4,127 nurses and 1,987 midwives providing medical services.

## Family Planning Situation

Intensive family planning activities are carried on by the governmental body - Singapore Family Planning and Population Board (S.F.P. & P.B.). The Singapore Family Planning Association gave over all its functions to the SFP&PB in 1968, and is being revived again to complement the work of the Government.

## Legislation

No anti-contraceptive legislation exists. In 1968 a law which made it difficult to get maternity privileges beyond the third child for employed women was passed. This law also made public housing readily available to childless couples.

## Abortion and Sterilisation

In December 1968 the Abortion Act and the Voluntary Sterilisation Act were passed in Parliament. Abortion is legal for the life and health of the mother, or on eugenic, ethical, medical and social grounds. Abortion is represented as an adjunct to family planning and is a logical follow-up for contraceptive failure. The Voluntary Sterilisation Act clarified the legal position with regard to male and female surgical sterilisation.

## Family Planning Association

Address: Singapore Family Planning Association,
c/o University of Singapore,
Department of Obstetrics & Gynaecology,
Singapore.

c/o Kandang Kerbau Hospital,
Hampshire,
Singapore 8.

Personnel:

| | |
|---|---|
| President: | Professor S.S. Ratnam |
| 1st Vice-President: | Dr. Letty Yong. |
| 2nd Vice-President: | Dr. W.R. Rasanayagam |
| Hon. Secretary: | Dr. Paul M. Tan |
| Hon. Treasurer: | Dr. R. Siva Samboo |
| = Medical Representative: | Mr. T.H. Lean |

## History

The Singapore Family Planning Association was formed in 1949 and became a member of IPPF in 1952. The SFPA's programme was developed in the 1950s to include a training and family planning education programme. The Association steadily expanded its activities until 1965, when it operated 27 clinics.
The SFPA's programme covered 10% of the eligible women.

The SFPA received support and assistance from the Government and Ford Foundation. The Association encouraged the Government to accept

responsibility for providing family planning services. In 1968 the Government took over the Association's functions and assets. The activities of the Association have since then been integrated into the national programme and some members of the staff were employed by the Government on temporary terms.

In December 1971 the Assocation elected a new Board and opened negotiations with the National Family Planning Board to define a role for the private sector to fulfil in support of the government programme. Possible areas might be person to person motivation in hard-core high density buildings and housing areas; establishment of vasectomy clinics; to reach out-of-school youth and especially young girls in factories; organisation of family planning meetings in church groups, clubs and social welfare groups.

## Government

### Address

Singapore Family Planning and Population Board,
26, Dunearn Road,
Singapore 11

### Personnel

Chairman - Dr V.M.S. Thevathasan

Secretary - Dr Wan Fook Kee

### History & Organization

Due to the constant request of the Association to the Ministry of Health to take over all family planning activities in the government clinics, a Review Committee was set up by the Government in 1965. As a result of the White Paper on Family Planning that was published by the Government, a Family Planning Act was passed in the Parliament in 1965, establishing the Singapore Family Planning and Population Board, a statutory body charged with responsibility for implementing the first Five-Year Family Planning Programme. The plan aimed at reducing the crude birth-rate from 32 per 1000 in 1964 to 20 per 1000 in 1970, i.e. providing family planning facilities for 60% of all married women aged 15-44 years. The SFP & PB was inaugurated in 1966 and took over all responsibilities from the Association in 1968.

The Chairman of the SFP & PB is the Deputy Director of Medical Services (Health). The SFB & PB has 14 members comprising representatives from the Maternal & Child Health Services, the Maternity Hospital, the Statistics Department, the Social Welfare Department, the University of Singapore, as well as other eminent members of the community. The SFP & PB works in close co-operation with other Ministries.

## Services

The 'menu card' approach is used in all clinics providing family planning services which enables acceptors to choose from a wide range of family planning.methods.

| Year | Number of acceptors |
|---|---|
| 1967 | 30,935 |
| 1968 | 35,338 |
| 1969 | 35,643 |
| 1970 | 24,230 |

Oral contraceptive was the most popular method used in 1970 - as 51% of the acceptors used this. Further 41% used condoms, 3% IUD and 5% other methods. In the 5-year period from 1966-1970, 156,556 women accepted family planning using facilities of the SFP & PB. In addition 5,929 women were sterilised. In total this forms 64% of all married women 15-44 years of age in Singapore.

In 1969 and 1970 two studies on the continuation rates of the oral contraceptive users were published. It was found that 39% of the oral contraceptive acceptors continued the use after 30 months. Of the 61% discontinuers, more than 30% terminated use after one cycle and more than 50% after 4 cycles or less. 56% of the discontinuers had alternative contraceptive method, mainly condoms.

In 1968 a study on the use of injectables was initiated and results published in 1969 and 1970.

In 1966 the SFP & PB established a Cytology Service and routine annual cytological screening of every family planning acceptor is provided at the 11 full-time clinics of the SPF & PB and expected to be expanded in 38 other family planning clinics.

## Information & Education

A publicity programme was launched in 1966. The initial phase using the mass media, was aimed at generating public awareness and creating atmosphere conducive to family planning acceptance. Radio, television and newspapers were intensively used and besides imparting information, the mass media brought the family planning theme into the open and made it socially acceptable.

Other publicity methods included exhibitions and emblem design competition, films, booklets, pamphlets and posters were undertaken.

The initial theme propogated and popularised was the general message of "Plan your Family". Later the publicity theme narrowed down to "Plan your Family Small" and posters displaying the advantages of small family such as "Small Families have more to eat", "Small Families can live better", etc., were produced.

Face-to-face motivation is carried out at the Maternity & Child Health Clinics and at the Government Maternity Hospitals where more than 75% of the total births take place. About 38% of all new acceptors in the five-year programme were post partum women.

To assist newly-weds to plan their families a Family Planning Advisory Service was started in 1967.

The Industrial and Factory Service was launched in 1968 to provide interpersonal motivation to employees. The programme includes film shows, lectures and demonstrations with the follow-up of providing clinical services by mobile clinics.

SFP & PB has played host to 2 conferences on family planning: to the Working Group on Communications, Aspects of Family Planning Programmes ECAFE (1967) and in 1969 with the East West Centre of the University of Hawaii co-sponsored a Population Information Workshop in Singapore for Asian journalists.

In 1971 an Asian Mass Communication Research and Information Centre was set up in Singapore with the Co-operation of the Ministry of Culture, Government of Singapore and Friedrich EbertStiflung.

Research & Evaluation

The Evaluation Unit of the SFB & PB was set up in 1967 with technical advice from ECAFE. Information from the partially pre-coded clinic card is conveyed to the Evaluation Unit by micro-filming.

Many studies have been carried out in analysing the type of acceptors and their characteristics. Characteristics of the family planning acceptors indicate that the programme has penetrated all ethnic and social economic groups. However, the age distribution shows, that while the programme is highly successful amongst women under 30 years of age, many of the older women have not accepted family planning services. Of particular mention is the relatively high percentage of acceptors who have no living sons.

One study attributed a little less than 50% of the fertility decline in 1966 - 70 to the National Family Planning Programme.

Other Organizations

The Population Council - has given aid for an IUD Study and supplied IUDS

Swedish International Development Agency - helps with contraceptive purchasing arrangements.

Rockfeller Foundation - provided aid for research.

Norway - provided aid for a mobile clinic at Sembawang rubber estate.

ECAFE - held an important working group meeting on a "Communications Aspect of Family Planning in Singapore in 1967.

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Wolfers, D.: The Singapore Family Planning programme: Further Evaluation Data, The American Journal of Public Health, Vol. 60. no. 12, December 1970.

# Situation Report

Distribution*

Country ST. CHRISTOPHER/NEVIS Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 357 sq. kms.* |
| Total population | 48,000 est.* | 56,591* | 60,000 (1970)* |
| Population growth rate | | | 1.6% (1963-70)* |
| Birth rate | 35.3* | 40.8* | 23.9 per 1,000 (1969) |
| Death Rate | 16.5* | 12.9* | 8.1 per 1,000 (1969) |
| Infant mortality rate | 108.8* | 98.1* | 44.9 per 1,000 (1969) |
| Women in fertile age group (15-44 yrs) | | | 10,697 (1960)* |
| Population under 15 years | | | 45% (1960)* |
| Urban population | | | 27.8% (1960)* |
| GNP per capita | | | US$320 (1969) * 1 |
| GNP per capita growth rate | | | 3.5% (1960-69) * 1 |
| Population per doctor | | | 3,800 (1967) * 2 |
| Population per hospital bed | | | 250 (1967) * 2 |

* - data for St. Kitts/Nevis, and Anguilla.
Unless otherwise stated the source for this table is the United Nations Demographic Year Book.

1) World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.

2) United Nations Statistical Year Book, 1970.

* This report is not an official publication but has been prepared for informational and consultative purposes.

## I. GENERAL BACKGROUND

The small territory of St. Christopher (St. Kitts) - Nevis and Anguilla is part of the Leeward Islandsin the East Caribbean. In 1967 it entered into associated status with the United Kingdom. Anguilla declared its independence from the group at that time and is at present under British protection pending a decision on the island's future. At the end of 1971, together with Dominica, Grenada, Guyana, St. Lucia, and St.Vincent, St. Kitts/Nevis published a joint plan to form a new West Indian state by March 1973.

Basseterre on St. Kitts is the territory's chief port and capital. In 1960 it had a population of 15,726 inhabitants.

### Ethnic

The majority of the people are of African descent: in 1960 they formed 89% of the population. Approximately 9% of the population are of mixed descent and there are small European and East Indian groups.

### Languages

English is the official language. A French patois is also spoken.

### Religion

Christian. There are several Protestant churches, including the Church of England and the Methodist church. There is also a Roman Catholic congregation.

### Economy

St. Kitts is the largest island and has the highest production of sugar and sea-island cotton of the three. Tourism is also a source of income. The economy of Nevis is mainly based on sea-island cotton and coconuts, after competition from St. Kitts made sugar production uneconomic. Anguilla has a subsistence agrarian economy.

### Communications/Education

Communications are by air, road and sea, but the islands are isolated by the nature of their position and size. There are three newspapers and a Government radio station. As a result of the political situation Anguilla is now largely cut off from its neighbours.

Education is compulsory between the ages of eight and 14 years and the majority of the schools are provided by the Government.

### Medical/Social Welfare

Health and Welfare services are the responsibility of the Ministry of Education, Health and Welfare. In 1967, 12 of the territory's 15 doctors were working in government service. Maternal and child health care is provided at pre-natal and child health service units. In 1968 86% of all births were attended by qualified personnel.

## Legislation

The private family planning association receives duty-free exemption on imports.

## Family Planning Association

### History.

A family Planning Association was founded in 1962 and until 1971 when support was received from the IPPF, it was financed from local and a few foreign sources. It has worked continously to gain Government participation in family planning. At present the Association is run by volunteers.

### Address.

St. Kitts Family Planning Association,
C/O Health Centre,
P.O. Box 236,
Basseterre,
St. Kitts, W.I.

### Personnel.

President: Dr. E.O. Jacobs.

### Services.

The Association maintains two clinics, using the government health centres in Basseterre and Sandy Point, and provides contraceptives services to several hundred women. It is planned to set up a third clinic in 1972.

### Information/Education.

A programme of lectures and film-shows has been carried out by Association Volunteers. It is planned to expand activities with a greater use of literature for distribution and of audio-vusual aids,and a series of radio spot announcements will be broadcast on the Government station.

## Government.

### History.

Following a policy decision by the Government in 1969, a National Family Planning Council was appointed to establish a family planning and sex education programme to be developed and executed through the Ministry of Education, Health and Welfare. Two representatives of the private Association were appointed to the Council.

### Other Sources.

- The Europa Year Book 1971. A World Survey. Vol.II.
- Fourth Survey of the World Health Situation, 1965-68, Official Records of the WHO, No. 192, WHO, June 1971.

# Situation Report

Distribution *

Country TRINIDAD & TOBAGO Date FEBRUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Areas | | | 5,128 sq.kms. |
| Total population | 632,000 est. | 827,957 | 945,200 (1970) |
| Population growth rate | | 2.8% | 1.3% (1970) |
| Birth rate | 37.7(1950-4) | 39.1 | 20.3 per 1,000 (1969) |
| Death rate | 11.3(1950-4) | 7.9 | 6.7 per 1,000 (1969) |
| Infant mortality rate | 74.8(1950-4) | 45.4 | 36.6 per 1,000 (1969) |
| Women in fertile age group (15-44) | | | 208,650(1968)[1] |
| Population under 15 yrs | | 43%[2] | 41% (1970)[2] |
| Urban population | | 39.5%[3] | 50.3%(1970)[3] |
| GNP per capita | | | US$890(1969)[4] |
| GNP per capita growth rate | | | 3.8% (1960-69)[4] |
| Population per doctor | | | 2,320(1968)[5] |
| Population per hospital bed | | | 210(1968)[5] |

Unless otherwise stated, the source for the table is the United Nations Demographic Year Book.

1. Annual Report, 1970, of the National Family Planning Programme of Trinidad and Tobago.
2. Datos Básicos de Población en América Latina, 1970: Departamento de Asuntos Sociales, Secretaría General de la OEA, Washington,D.C.
3. United Nations Monthly Bulletin of Statistics, November 1971.
4. World Bank Atlas, published by the International Bank for Reconstruction and Development 1971.
5. United Nations Statistical Year Book, 1970.



* This report is not an official publication but has been prepared for informational and consultative purposes.

## I. GENERAL BACKGROUND

The Caribbean islands of Trinidad and Tobago became an independent state within the Commonwealth in 1962, and in 1967 joined the Organisation of American States.

According to the preliminary results of the 1970 Census the population growth rate during the previous decade was less than had been estimated. A decline in fertility together with considerable emigration contributed to this result. There was a net migration loss of 61,856 over the years 1964 to 1970 and an average loss of 5,688 per year over the inter-censal period 1960-1970.

Yet population density remains high; in 1970 it was 184 persons per square kilometre. Unemployment and underemployment are serious problems, in particular among young people in urban areas. Unemployment is estimated at about 15% of the total labour force. The Government's present Five Year Development Plan intends to diversify and develop the economy, with the emphasis on new industries to absorb available labour.

### Ethnic

The population is of mixed ethnic origin with Negro and East Indian groups predominant. The 1960 census gave the following percentages: Negro 43.1%, East Indian 36.3%, Chinese 1%, White 1.9%, Mixed 16.2%, others 0.2%.

### Language

English is the official language. A French patois, Spanish, and some Hindi dialects are also spoken among older people.

### Religion

According to the 1960 Census app. 36% of the population are Roman Catholic, app. 34% are Protestants, and app. 23% are Hindu. There is a small Muslim community.

### Economy

The economy is dependent on oil and oil-products which in 1966 accounted for 85% of total foreign exchange earnings. Other economic activities include the production of natural asphalt, sugar, and citrus fruits, light industry and tourism.

Under the Five Year Development Plan, 1969-1973, the Government is seeking to diversify the economy, both within the agricultural sector and within industry. Non-traditional crops are being promoted and local industry is being stimulated to serve local and CARIFTA markets (CARIFTA - the Caribbean Free Trade Association).

### Communications and Education

Internal communications are provided by an extensive and well-maintained road network. Port of Spain is the capital and chief port. The islands are served by inter-island and international shipping and air lines.

There are three daily newspapers and 12 other periodicals, one of which is a Chinese weekly. There are two radio and one television station. In 1970 there were approximately 236,000 radio sets and 54,000 television sets. Broadcasts by Radio Trinidad reach the Windward and Leeward Islands.

Education is free as far as it is provided and is compulsory between the ages of five and 12 years. As well as Government schools there are also Christian and non-Christian supported schools. Educational provision at elementary level is good although fewer places are available at the secondary level. In 1960, 14% of the population of 15 years of age and over were illiterate.

Several Faculties of the University of the West Indies are in Trinidad.

## Medical and Social Welfare

The Government is responsible for the bulk of health services which are provided free. The majority of doctors work in Government service. Health centres are situated throughout the island but tend to be concentrated in the urban areas of the capital and of San Fernando, and in the oil and sugar producing areas.

There is a shortage of trained personnel within the health service as a result of the emigration of qualified staff to the USA, the UK, and to Canada. However the number of nurses is being increased by a training programme assisted by UNICEF.

Maternal and child health care is provided at about 100 centres. In 1967, 59.7% of all deliveries were attended by a doctor or a qualified midwife.

A National Social Security System has been introduced to provide benefits for industrial injury, maternity, sickness, and old-age.

## II. FAMILY PLANNING SITUATION

The Trinidad and Tobago National Family Planning Programme was established in 1967 and consists of three arms - the Ministry of Health, the private family planning association which is supported by the IPPF, and the Catholic Marriage Advisory Council. The three bodies are represented on the Government's Population Council which advises the Ministry of Health on all matters relating to the Family Planning Programme and which coordinates the activities of all bodies in the country concerned with family planning.

## Attitudes

In the 1950s the activities of the then new and small private family planning association provoked criticism and controversy. However this declined with the establishment and spread of the association's work and as it became obvious that the Government was interested in a family planning programme. The Government is now an active supporter of family planning.

There has been no significant Roman Catholic opposition. The Catholic Marriage Advisory Council has been providing marriage guidance for over 15 years.

## Legislation

The private family planning association has duty-free concessions on contraceptive supplies.

Abortion is illegal unless it is performed to save the life of the woman. An estimate of the number of illegal induced abortions says that one in five pregnancies ends in abortion.

## Family Planning Association

### History

Organised family planning services were first provided in 1956 when a small clinic was opened at Point Fortin. Several more clinics were opened in rural areas but lack of local support forced them to close. The movement was more successful after the opening of the first clinic in Port of Spain in 1959. The Trinidad and Tobago Family Planning Association was set up formally in 1961 and became a member of the IPPF.

Its clinical activities increased and in 1963 the Association took part in acceptability trials for foam tablets, sponsored by the IPPF in six countries. IUD trials were also held. Government financial assistance was received from 1968, as well as grants from USAID. Previously the Association had relied on the sale of contraceptives and on patients' fees for its funds. SIDA and the Population Council have been donators of pills and loops.

The financial assistance enabled the Association to transform itself from a semi-professional voluntary organisation into a professional organisation with a full-time staff by the end of 1969. It plays an active role in the National Family Planning Programme.

### Address:

The Family Planning Association of Trinidad and Tobago,

141 Henry Street,
Port of Spain,
Trinidad, W.I.

### Personnel:

| | |
|---|---|
| President: | Lady Erna Reece |
| Chairman: | Mrs. Ian McBride |
| Medical Director: | Dr. Joyce Yee |
| Education Director: | Mrs. J. Fairbairn |
| Administrator: | Mr. Hubert DeFour |

### Services

The Association's clinical programme complements the services provided by the Government. By 1970 they jointly covered 39 clinic areas. During that year a total of 3,210 sessions were held at the Association's eight clinics and 4,473 new acceptors were registered. This total included new acceptors, acceptors returning for the first yearly visit, and infertility patients. The number of clients recruited in 1970

fell below the expected target in both the Government and the private sectors although the figure did exceed the client totals for 1969. The adverse press publicity on the oral pill, together with domestic and social disturbances in 1970, contributed to this result.

The demand for diaphragms increased in 1970 but the oral pill remained the most popular contraceptive method. The IUD, condoms, and traditional methods are also available. The Association's contraceptive supplies are provided by the Government and by the IPPF.

In 1970, 74.43% of the new acceptors used the oral pill and 94,443 out of a total of 109,053 new and follow-up visits were for this method. A further 5,816 of the total visits were by IUD users. The Association refers patients for vasectomy to a local private hospital and has investigated private practitioners who are willing to perform the operation. An Association doctor has been sent to New York on a short course to observe vacuum abortion and vasectomy and the Association hopes to set up its own vasectomy service.

Pregnancy testing and cancer detection services are available in Association clinics for acceptors and for women referred from other sources. 3,735 Papanicolaou smears were taken in 1970 and examined in outside laboratories in Trinidad and in the USA. In 1971 the Association opened its own laboratory and employed a cytotechnician to do the readings.

In 1970 the Association handed over one of its clinics to the Government. In the first half of 1971 the programme continued at the seven remaining clinics, and 1,978 new clients were served, 85 for intertility. Total attendances plus revisits totalled 50,332. Following the special motivation programme aimed at men, (see Information and Education section), 538 male clients were registered at the clinics by the end of June 1971.

## Information and Education

The superviser of the Association's information and education programme is the Association's representative on the Community Education and Publicity Committee of the Population Council. The activities of the Government and private programmes in this field are coordinated through this and through other informal channels.

In 1970 the Association's information and education staff, including for the first time three full-time and three part-time field-workers, carried out activities aimed at reaching new sectors of the target population, in particular men and youth, at halting the decline in new acceptors, and at reducing the drop-out rate. A comprehensive programme was developed using all available media as well as personal contact.

A mass media campaign was initiated in September 1970 and lasted through February 1971, using radio, television, and the press. The Association participated in the Government sponsored Family Planning Week. Film-shows, lectures and discussions were held for acceptors and for community groups and a series of publications were prepared and distributed, including the Association's staff 'Bulletin', the monthly 'Planner', a manual on how to run small lecture/discussion groups, and several pamphlets and leaflets, some of which were designed in particular for men and for teenagers. Special attention was paid to the motivation of men in industrial areas. A large

variety of publicity and information activities are used, for example the drop-out letter scheme, circular letters and exhibitions.

Early in 1971 the Association's information and education division was restructured, with a staff of a Director, two area information officers for the north and the south, a full-time secretary and fieldworkers. The division continued its activities on the same lines as in 1970 but with particular emphasis on the male programme. An Industrial Motivation Project was begun early in the year and by June 1971 the Association had been successful in getting two advertisements in a Trade Union newspaper, and had made contacts with other Trade Unions, industrial firms, and factories, where lectures and discussions were held, supported by audio-visual materials.

In 1972 the information and education programme is to include special programmes for men and for youth as well as an extended fieldwork programme.

## Training

The Association conducts in-service training courses for its staff. It also collaborates in the Regional Training Course in Family Planning for Nurses and Midwives, together with the Population Council of the Ministry of Health and the Panamerican Health Organisation. 16 trainees from Trinidad and nine other Caribbean countries attended the first course at the end of 1970. The course was repeated in 1971 and it is hoped that it will become an annual event.

## Research

The Association carries out evaluation studies of acceptors based on the statistics collected at clinics from daily and monthly records, registration and supplies records. The work has included a comparative study on two oral contraceptives and follow-up studies of drop-outs.

## Government

### History

Government concern with the economic implications of population growth was evident after Independence in 1962. The Draft Second Five Year Plan (1964-1968) called for 'a better balance between birth rates and death rates'. In July 1967 the Government set up a policy committee to be called the Population Council of Trinidad and Tobago. It acts as an advisory body to the Minister of Health and is responsible for coordinating the overall development, implementation, evaluation and readjustment of the National Family Planning Programme. Among the Council's members are representatives of the Government sector, the Family Planning Association and the Catholic Marriage Advisory Council. The Five Year Programme (1968-1972) identifies two major phases of development; in phase one, 1968-69, priority was given to the establishment of clinics, the training of personnel, and evaluation. The Programme's overall goal is a reduction of the population growth rate to 1.9% by 1977.



In 1970, the Government made the decision to create a Maternal and Child Health and Family Planning Programme, all the integrated activities to be under the medical direction of the Ministry of Health.

Address:

The Population Council of Trinidad & Tobago,
7 St. Vincent Street,
Port of Spain,
Trinidad, West Indies.

Personnel

Chairman: Dr. Ada Date Camps
Secretary: Mr. C.Z. Bain
Medical Officer:
Family Planning Programme:
Dr. Norma Andrews

Services

Eight government family planning clinics were established in 1968, the first full year of the National Family Planning Programme. The number grew to 19 in 1969 and to 28 in 1970. The clinics are conducted by nursing officers in full-time government service, assisted by sessional nurses provided through the National Family Planning Programme.

Within the Government Programme in 1970, 1,229 mixed and 932 supply sessions were held. At a mixed session, a medical officer is in attendance but clients not requiring medical attention are also served. 9,997 new clients were registered in 1970, and a total of 131,800 cycles of oral contraceptives were distributed, 1,615 IUDs, and condoms, foams, pastes, and diaphragms. By December 1970, there was an active case load of 15,525 clients in the Government Programme.

Information and Education

The Government's programme in this field is directed by a Health Educator and has used the services of a Health Education Consultant. There is close cooperation with the information and education division of the private Family Planning Association.

The programme emphasises community education and motivation, through post-partum and post-abortional education programmes in hospitals, family planning clinics and maternal and child health clinics. Industrial employees are approached through letters and family planning literature. The Programme has its own film unit and organizes shows for different audiences in clinics, schools, and in other community localities. Other activities include radio and television spots and discussions, press releases, the production of visual aids, and the promotion of Family Planning Week.

Family Life Education

A Technical Sub-Committee for Family Life Education was set up in 1969 to advise on a family life education programme for Trinidad and Tobago. Separate work groups considered the aspects of health and reproduction, marriage and family living, the relationship of the family to society, and the emotional aspects of adolescence. Guidelines were issed for consideration in the development of a

programme and the Department of Education is revising its curriculum plans to introduce classes on family life education into schools. Family Life Education conferences have been held.

## Training

The Government is responsible for training personnel to work in the National Family Planning Programme. Training is received both in Trinidad and overseas. Family planning is being integrated into the curricula of nursing schools.

## Research and Evaluation

A total programme evaluation was carried out at the end of 1970 covering administration, services and training, community education and publicity, and research and evaluation. Activities in this sector have also included KAP surveys, the follow-up of drop-outs, an evaluation of the post-partum and post-abortal education programmes, an abortion study, and a pilot experimental project on the use of non-professional staff in field education and motivation work.

## Catholic Marriage Advisory Council

The Council is represented on the Population Council and receives Government financial support for its collaboration in the National Family Planning Programme. The Council's mainly voluntary staff provide general advisory services on marriage and the family, as well as advice on the rhythm method.

## Other Assistance

In 1971 the World Bank approved a loan of three million dollars to the Government of Trinidad and Tobago to assist the Maternal and Child Health and Family Planning Programme. The project includes the construction of a new maternity hospital, seven new health centres and a new family planning clinic, as well as the provision of expanded training facilities for nurses and other family planning workers.

The Panamerican Health Organisation, SIDA, the Overseas Development Administration of the U.K., the Ford Foundation, and the Population Council of New York, have contributed assistance in the form of advisory and consultancy services, supplies and equipment, and support for training both in the country and abroad.

## Other Sources

- Family Planning Association of Trinidad and Tobago, Medical Report, 1970

- _____, Report to the IPPF for 1970.

- _____, Semi-Annual Fiscal Report to the IPPF, January 1 - June 30, 1971.

- _____, Budget presented to the IPPF for 1972.

- The National Family Planning Programme in Trinidad and Tobago, 1968-1972, by Charles Z. Bain, Family Planning Programme Office of the Population Council. Paper presented at the Third Annual Population Conference, Paris, December 1970, OECD.

- Fourth Survey of the World Health Situation, 1965-1968, Official Records of the WHO, No.192, WHO June 1971.

- The Europa Year Book. A World Survey. 1971. Vol.II.

# Situation Report

Distribution *

Country VENEZUELA

Date FEBRUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 912,050 sq.kms. |
| Total population | 5,034,838 | 7,523,999 (1961) | 10,399,000 (1970 estimate) |
| Population growth rate | 3.1% (1953-6) | 3.8% (1961)[1] | 3.6% (1963-70) |
| Birth rate | 42.6 | 46-48 (1960-5) | 40.9 per 1,000 (1965-70) |
| Death rate | 10.9 | 9-10 (1960-5) | 7.8 per 1,000 (1965-70) |
| Infant mortality rate | 80.6 | 53.0[1] | 46.2 per 1,000 (1968) |
| Women in fertile age group(15-44 yrs) | | | 1,895,562 (1968 estimate) |
| Population under 15 yrs. | | 45%(1961)[1] | 46% (1970)[1] |
| Urban population | 53.8% | 67.4% (1961) | 75.7% (1970) |
| GNP per capita | | | US$1,000 (1969)[2] |
| GNP per capita growth rate | | | 2.5%(1960-69)[2] |
| Population per doctor | | | 1,200 (1967)[3] |
| Population per hospital bed | | | 312 (1967)[3] |

Sources: Unless otherwise stated the source for the table is the United Nations Demographic Yearbook.

1. Datos Básicos de Población en América Latina, 1970: Departamento de Asuntos Sociales, Secretaría General de la OEA, Washington, D.C.
2. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.
3. Fourth Report on the World Health Situation, 1965-1968. Official Records of the WHO, No.192, WHO June, 1971.



* This report is not an official publication but has been prepared for informational and consultative purposes.

## I. GENERAL BACKGROUND

Venezuela has one of the highest population growth rates in South America. At the current rate of 3.6% per annum the population will double within 20 years. Vital statistics are unreliable and incomplete and it is likely that the real birth rate is about 45 per 1,000.

The country is one of the most urbanized in Latin America, with at least three-quarters of the population classified as urban. Extensive rural migration over the past few decades has been the major cause of urban growth, much of which has taken the form of the spread of shanty towns around the urban centres. The capital Caracas, which has increased its population ten times in 30 years, had an estimated 2,535,379 inhabitants in 1970. There are eight other cities with a population of over 100,000.

The high demand for services and facilities cannot be met, in particular in housing, education, and health. Unemployment and underemployment are high, and over 50% of employed persons work in the service sector.

Despite the high average per capita income, the real distribution of income remains unequal. Moreover, land holding is concentrated in the hands of a small minority and the average income of a peasant family is estimated at about US$200 per annum.

### Ethnic

Approximately 65% of the population is of mixed origin, 20% is white, 7% Amerindian, and 8% Negro.

### Language

Spanish.

### Religion

There is no state church; the majority of the population is Roman Catholic.

### Economy

Venezuela is one of the world's leading producers of oil and has a rapidly expanding petrochemical industry. Petroleum and its derivatives form the bulk of national exports. Other minerals include iron ore, bauxite, gold and coal. Industries are being expanded as part of a policy of economic diversification and include cement, food and drink, textiles, and tyres. Agriculture employs approximately a quarter of the labour force and the chief products are maize, coffee, cocoa, rice and cotton. Livestock raising is an important activity.

### Communication/Education

A road and an internal air network provides adequate transportation to most parts of the country. In 1969 there were 38 daily newspapers (71 per 1,000 inhabitants), 1,685,000 radio sets (168 per 1,000), and, in 1969, 700,000 television sets (72 per 1,000). All broadcasting and television is controlled by the Ministry of Communications.

Education is free and compulsory between the ages of seven and 13 years. In 1970 there were 11,000 primary schools attended by approximately 84% of the children of primary school age. The drop-out rate tends to be high and although illiteracy has been reduced from 37% of persons aged 15 years and over in 1960 to 24% of that group in 1967, considerable investment is required to make education available for all eligible children. Private education is mainly provided by Catholic institutions, and there are eight universities, six of which are state and two private.

Medical/Social Welfare

The Ministry of Health and Social Assistance is primarily responsible for health services and serves approximately 70% of the population. There are several organisations which provide services to individual groups, such as the Venezuelan Institute of Social Security, the Public Assistance Board for the Federal District, and the Military Health Service. There is also a private medical sector.

In 1967 maternal and child health care was available at 633 centres. Of the total of 406,468 live births, 205,508 took place in institutions and 11,328 at home attended by a doctor or a qualified midwife.

There are seven medical schools and 13 nursing training schools.

A modified insurance scheme was introduced in 1967 entitling insured workers and their dependents to medical assistance, pensions, and other benefits.

## II. FAMILY PLANNING SITUATION

Family planning services are provided by a private association, supported by the IPPF, the Population Council of New York, and, as from 1972, a Congressional appropriation. The IPPF, the Population Council and the Ford Foundation support the family planning programme in the Concepción Palacios Maternity Hospital in Caracas, which with the support of the municipality is the only official family planning programme in Venezuela.

Attitudes

There is opposition at executive level within the Government to birth control and to family planning, particularly as a government service. Several ministries are however sympathetic toward family planning, in particular the Ministers of Health and Social Assistance and of Education. In 1964 a Population Division was created within the Ministry of Health and Social Assistance to study the possibility of introducing a family planning programme. At the First National Family Planning Conference, sponsored by the Ministry and held in September 1968, it was officially announced that family planning services were to be integrated into normal public health services. However no action has been taken, not only because of lack of finances but also because of the current executive's opposition.

Support for family planning in Congress has grown and in January 1972 an appropriation was approved for a grant to the family planning association through the Consejo Venezolano del Niño. However many Venezuelans, concerned with the fact that over half a million illegal immigrants have entered the country from Colombia, oppose family planning as being against the interests of national security.

There is no open Catholic opposition. The private family planning association has won clerical sympathy by presenting the issue of family planning within the context of social problems such as illegitimacy, abandoned children, and broken homes. A pastoral letter published by the Bishops in November 1969 recognised the fact that in a modern pluralistic society in which there are many non-Catholics and agnostics, the State may make information on methods of contraception other than the rhythm method available to persons who freely desire to use such methods.

There has been a growth of interest within the Universities in demography and family planning to the extent that courses have been introduced in these subjects in the curricula of some medical and public health schools. An increasing amount of support is being gained for family planning from the business sector.

## Legislation

Abortion is illegal unless performed to save the life of the woman.

## Family Planning Association

### History

The Venezuelan Family Planning Association was founded in 1966, primarily by participants in the Third Venezuelan Congress of Public Health at which the theme discussed was Population and Public Health. The Association developed out of the widely-felt professional concern with the health and social problems of the country's rapidly growing population. Over 50% of all registered births are illegitimate and the rate of illegal abortion is high. In 1968, 52,727 illegal abortion cases were admitted to the Concepción Palacios Maternity Hospital in Caracas.

### Address:

Asociación Venezolana de Planificación Familiar,
Apartado 61212,
1a Avenida Los Palos Grandes No. 23,
Caracas,
Venezuela.

### Personnel:

| | |
|---|---|
| President: | Dr. Martín Vegas |
| Executive Director: | Dr. Pablo Liendo Coll |
| Treasurer: | Dr. Tomas Berman |
| Medical Director: | Dr. Ramón Gonzáles Cerrutti |
| Information Director: | Lic. José Limongi |

### Services

The Association runs clinic sessions for family planning in 31 maternal and child health and general health centres and other health facilities and 21 post-partum programmes based on maternity hospitals. The premises are available rent free and the Association meets salaries and other costs and provides supplies. The post-partum programme is financed by the Population Council of New York. All clinic services are urban-based.

In the three years from 1969 up to September 1971 the Association accumulated a considerable number of acceptors without the backing of a mass educational campaign. In 1970 there were 32,641 new acceptors and in the period January to September 1971, there were 34,267, bringing the accumulated total of new acceptors over the three year period to 97,635. About 60% of new acceptors use the IUD; the pill and other methods are also available.

The Association hopes to expand clinical services considerably to meet the demand for family planning services in urban areas. The appropriation voted by Congress at the beginning of 1972 will assist these plans. The equivalent of US$350,000 is to be transmitted by the Ministry of Health to the Association through the Consejo Venezolano del Niño.

## Information/Education

Although the Association has not as yet organised mass media campaigns family planning has been receiving increasing spontaneous coverage in the press, on radio and television. The Association's educational and information activities concentrate on seeking to change the attitudes of members of the Government and of other influential professional groups toward family planning, in particular in Congress and within the medical profession. Conferences, meetings, round-tables, and forums are organized for these groups, and personal approaches are also made. The Association's programme aims secondly to provide motivation at acceptor level through the organisation of meetings in the family planning centres. Over 6,000 such meetings were held in 1970. In the same year 50 meetings were held in factories to inform and motivate industrial workers.

In 1972 the Association plans to increase its pressure on the Government and professional sectors and to increase its motivation programmes for women in the 15 to 25 year age group. It also intends to promote the introduction of sex education into primary schools.

Literature is prepared and distributed to support education and information activities, and includes a newsletter, leaflets, and pamphlets, covering subjects such as family planning, technical and medical information.

## Training

In 1970 the Association held 17 courses to train new staff to work in family planning clinics, including 50 doctors, 50 motivators, and 55 other professionals. The participants came both from the Association and from the Ministry of Health and the College of Physicians. It is hoped to attract members of the latter two groups to support and participate in family planning.

In 1972 the programme is to train 920 persons, both Association and non-Association staff. It is aimed at involving a greater number of personnel from other health organisations in family planning, as well as at expanding the number of trained Association personnel.

## Other organisations

### Fundación de Paternidad Responsable: Responsible Parenthood Foundation

The Foundation was founded in 1971 to carry out resource development activities on behalf of the Venezuelan Family Planning Association. It has close links with the Association as several of the latter's members contributed to the establishment of the Foundation and its President, Dr. Ricardo Ball, is a member of the Association's Board of Directors. The Association and the Foundation use the same offices.

The Foundation raised US$150,000 between January and October 1971, through the contributions of charter members, and of other interested individuals, companies and organisations. It plans to increase its contacts with the business and industrial sector.

### Maternidad Concepción Palacios Hospital, Caracas.

#### History

The Concepción Palacios Maternity Hospital is the largest in Venezuela and the second largest in the world. About 40,000 to 50,000 babies a year are born in it, and it also serves a large number of patients - over a 100 a day - who are suffering the effects of illegally induced abortions. In 1969 the ratio of live births to abortions was three to one.

With the support of the Municipality of Caracas a family planning post-partum programme has been run at the hospital since 1963. Until mid-1970 the programme received financial support from the Venezuelan Family Planning Association. After that date the hospital received its grant directly from the IPPF. This is the only official family planning service in Venezuela, and is supported by the governor and mayor of Caracas.

#### Address

Clinica de Planificación Familiar,
Maternidad Concepción Palacios,
Avenida San Martin,
Caracas,
Venezuela.

#### Personnel:

Director of Family Planning: Dr.Darío Merchán

#### Services

The total number of new acceptors recorded in the hospital since the opening of the service in 1963 until the end of 1970 was 26,189. In 1970 there were 6,131 first visits and 28,421 follow-up visits. In 1971-1972 the clinic expects to attend 9,000 new acceptors.

#### Information/Education



Clinic motivators visit women who are hospitalized, both during the pre and post natal periods, to hold information and motivation meetings. Films are also shown. In 1970 direct contact with patients took place during over 15,000 interviews and room visits.

## Training

Family planning training activities were organised at the hospital in 1970 and 1971 for doctors, nurses, and other personnel such as fieldworkers. No training programme is planned for 1972.

## Asociación Venezolana de Orientación Familiar: Family Guidance Association of Venezuela

The Association is a private organisation founded to teach sex and family life education to young people and to provide marriage counselling. It plans to train technical personnel to direct and participate in these activities.

Address:

Asociación Venezolana de Orientación Familiar,
Apartado Postal 80442,
Caracas 108,
Venezuela.

Personnel:

Executive Director: Dr.Alfredo Díaz Bruzual

## Government

The Government's Office of Planning and Coordination (CORDIPLAN) has approved a National Health Plan within which it is proposed to include family planning services among the services of the new mobile health centres which are to be established. This Plan has yet to be implemented.

## Sources

- Asociación Venezolana de Planificación Familiar, Report for 1970 to the IPPF.
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- Abortion Laws: A Survey of Current World Legislation. WHO, Geneva, 1971.